

Grant Proposal for an Art Therapy Program
in a Central Indiana County Jail

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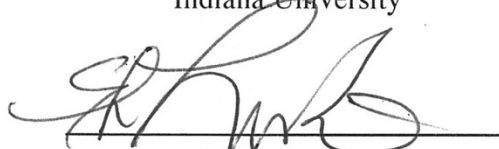
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Grant Proposal for an Art Therapy Program
in a Central Indiana County Jail

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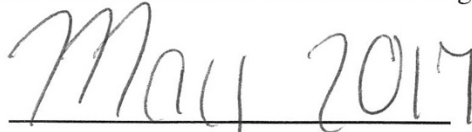


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ABSTRACT

Currently, there are no art therapy programs in central Indiana that address the mental health needs of inmates in the county jails. It is estimated that approximately 70% or more of inmates in Indiana demonstrate a need for mental health and/or addiction services, while only a small number actually receive such services due to lack of funding (Frazee, 2015). Arts and art therapy programs, in conjunction with other treatment programs, have been found to be effective in improving affect and demeanor within the correctional setting (Johnson, 2007; Gussak, 2009). A mixed-methods approach consisting of a systematic literature review and interviews with jail commanders at three central Indiana counties was conducted. Together, data collected from the literature review and interviews was used to develop a grant proposal that may be utilized in obtaining funding for the development and implementation of an art therapy program at a central Indiana county jail.

Keywords: addictions, art therapy program, central Indiana, county jail, grant writing, jail inmates, mental health

DEDICATIONS

This thesis is dedicated to the memory of my grandparents, Bert and Bettie Cobb, whom inspired me to help others through art and become an art therapist. I would also like to dedicate this thesis to my parents, Tom and Nancy Wagoner; my sister and brother-in-law, Amy and Thomas Burnett; and my significant other, Steven Faurote. When times were tough, you were all there to cheer me on and gave me the strength to move forward. I am so grateful for all of the love and support you have shown me on this journey.

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TABLE OF CONTENTS

TITLE PAGE.....	i
COPYRIGHT PAGE.....	ii
ABSTRACT.....	iii
DEDICATION.....	iv
ACKNOWLEDGMENTS.....	v
TABLE OF CONTENTS.....	vi
LIST OF TABLES.....	xi
LIST OF FIGURES.....	xi
CHAPTER I. INTRODUCTION.....	1
A. Statistics.....	1
B. Art and Art Therapy Programs.....	1
C. Goal of Project.....	2
D. Hypothesis.....	2
E. Definition of Terms.....	3
CHAPTER II. LITERATURE REVIEW.....	5
A. Statistics on Criminology.....	5
1. National.....	5
2. Indiana.....	5
B. Mental Health.....	6
1. Statistics.....	6
2. Inmate needs.....	7
3. Addiction and substance use.....	8

a. National.....	8
b. Indiana.....	8
i. Alcohol.....	9
ii. Marijuana.....	9
iii. Cocaine.....	10
iv. Prescription drug abuse.....	10
v. Opioids/Opiates.....	11
vi. Heroin.....	11
vii. Methamphetamine.....	12
viii. Polysubstance abuse.....	12
C. State and County Jail Programs.....	12
1. Boone County.....	12
2. Hamilton County.....	13
3. Hendricks County.....	14
D. The Eight Evidence-Based Principles for Effective Interventions.....	15
1. Assess actuarial risk/needs.....	17
2. Enhance intrinsic motivation.....	17
3. Target interventions.....	17
4. Skill train with directed practice.....	18
5. Increase positive reinforcement.....	19
6. Engage ongoing support in natural communities.....	19
7. Measure relevant processes/practices.....	19
8. Provide measurement feedback.....	19

E. Art Therapy and Arts Programs.....	21
1. Art therapy.....	22
a. Mental health and addictions.....	23
2. Arts programs.....	29
a. Grant funded arts programs.....	32
i. Arts Infusion Initiative.....	32
ii. Brush With The Law.....	32
F. Grants.....	34
1. Structure of a grant.....	34
2. Grant funding opportunities.....	37
G. Art Therapy Program Budgeting.....	39
1. Personnel.....	39
2. Supplies.....	41
3. Equipment.....	41
CHAPTER III. METHODOLOGY.....	43
A. Design.....	43
B. Investigational Methods and Procedures.....	44
C. Data Analysis.....	45
CHAPTER IV. RESULTS.....	47
A. Contact information, Methods of Communication, and Rates of Response.....	47
B. Interview findings.....	47

C. Generic Grant Proposal.....	51
1. Executive summary.....	51
2. Statement of need.....	51
3. Organization description.....	55
4. Program design and methods.....	55
5. Adequacy of resources.....	56
6. Evaluation plan.....	56
7. Sustainability statement.....	57
8. Budget narrative.....	57
a. Staffing personnel.....	57
b. Program expenses.....	57
c. In-kind resources.....	57
CHAPTER V. DISCUSSION.....	58
A. Analysis of the Grant-Writing Process.....	58
1. Identification of need for proposed program.....	58
2. Review of literature.....	58
3. Location of potential funding source.....	59
B. Eight Evidence-Based Principles Adapted for Art Therapy.....	59
C. Implications for Community Corrections.....	66
CHAPTER VI. CONCLUSION AND RECOMMENDATIONS.....	68
A. Limitations and Delimitations.....	68
1. Limitations.....	68
2. Delimitations.....	68

GRANT PROPOSAL	x
B. Recommendations.....	69
REFERENCES.....	70
APPENDIX A: THE EIGHT-GUIDING PRINCIPLES FOR RISK/RECIDIVISM REDUCTION.....	82
APPENDIX B: SEARCH TERMS.....	83
APPENDIX C: SAMPLE INTERVIEW QUESTIONS.....	91
APPENDIX D: COUNTY JAIL CONTACTS, METHODS OF COMMUNICATION, AND RESPONSE RATES.....	93
APPENDIX E: TRANSCRIPTIONS OF INTERVIEWS.....	94
E1: INTERVIEW WITH HENDRICKS COUNTY JAIL COMMANDER.....	94
E2: INTERVIEW WITH HAMILTON COUNTY JAIL COMMANDER.....	103
E3: INTERVIEW WITH BOONE COUNTY SHERIFF AND JAIL COMMANDER.....	112
APPENDIX F: ART THERAPY PROGRAM REFERRAL FORM.....	123
APPENDIX G: EVIDENCE BASED PRINCIPLES, PRINCIPLE OBJECTIVES, AND ART THERAPY ADAPTED OBJECTIVES.....	124
APPENDIX H: ART THERAPY PROGRAM DATA COLLECTION FORM.....	126
APPENDIX I: POST-RELEASE FOLLOW-UP FORM.....	127

LIST OF TABLES

TABLE B1: Search Terms and Phrases for Regional Correctional Statistics.....83

TABLE B2: Search Terms and Phrases for Regional Correctional Programs.....84

TABLE B3: Search Terms and Phrases for Regional Corrections and Mental Health.....85

TABLE B4: Search Terms and Phrases for Mental Health Correctional Programs.....87

TABLE B5: Search Terms and Phrases for Mental Health and Criminal Statistics.....88

TABLE B6: Search Terms and Phrases for Art Therapy Programs in Corrections.....89

TABLE B7: Search Terms and Phrases for Grant Writing for Program Development in
Corrections.....90

TABLE 2: County Jail Contacts, Methods of Communication, and Response Rates.....93

TABLE 3: Comparison of County Jail Interview Responses.....48

TABLE 4: Evidence Based Principles, Principle Objectives, and Art Therapy Adapted
Objectives.....64

LIST OF FIGURES

FIGURE1: The Eight-Guiding Principles for Risk/Recidivism Reduction.....16

CHAPTER I

INTRODUCTION

According to the Bureau of Justice Statistics (BJS, 2015), there were approximately 731,570 inmates being held in jails across the United States at yearend in 2013. In addition, “more than 11.9 million people were admitted to local jails during the 12-month period ending December 31, 2013” (BJS, 2015). These jails held detainees awaiting trials and sentencing, as well as convicted offenders (BJS, 2015). As reported by the Bureau of Justice Statistics in 2006, approximately 21% of detainees have reported a recent history of mental health concerns at intake, while 60% of all detainees at county jails across the US demonstrate a need for mental health services (Cornelius, 2008; Helms, Gutierrez, & Reeves-Gutierrez, 2014; James & Glaze, 2006). Currently, there is a lack of mental health services and programs serving the county jail inmate population. Helms, Gutierrez, & Reeves-Gutierrez (2014) reported that “policies to date authorizing and resourcing mental health treatment for persons involved in the criminal justice continuum have fallen far short of ensuring adequate and equitable services to the mentally ill jail residences” (p. 32-33). Inmates with mental health and addiction issues often are disruptive to the jail milieu, thus causing discord for the entire facility (Day & Onorato, 1989; Helms, Gutierrez, & Reeves-Gutierrez, 2014; Ruddell, 2010).

Arts and art therapy programs, in conjunction with other treatment programs, have been found to be effective in improving affect and demeanor within the correctional setting (Johnson, 2007; Gussak, 2009). A 2004 pilot study conducted by Gussak (2009) to measure the efficacy of art therapy with prison inmates, found that art therapy led to a “significant improvement in mood, attitude, and interactions with peers and staff” (p.5). It is suggested that

providing an art therapy program in county jails could benefit the mental health of the inmates (Breiner, Tuomisto, Bouyea, Gussak, & Aufderheide, 2012; Day, E. S., & Onorato, G. T., 1989; Gussak, 2006; Rylander, 1979), as well as benefit the correctional officers and administrators by reducing disruptions within the milieu.

Currently, Indiana county jails need more funding for inmate mental health services and addiction treatment programs (Frazee, 2015). The goal of this research is to develop a generic grant proposal that could be used by a central Indiana county jail in which they may submit to obtain funds to implement an art therapy program that targets the mental health needs of the inmates. The grant proposal will include a mixed-methods research design consisting of a systematic literature review that highlights the benefits of art therapy for inmates and detainees. In addition, a set of interview questions will be designed for sheriffs and jail commanders at central Indiana county jails. The purpose of the interview is to gather data on the operational, fiscal, and mental health services currently available. Additional facility resources including time, space, and supplies was examined and included to provide a comprehensive proposal.

It is hypothesized that through a mixed methods approach comprised of a literature review and interviews with jail commanders, a generic grant proposal can be developed that could be used by a central Indiana county jail in which they may submit to obtain funds to implement an art therapy program to further address the mental health needs of the inmates.

Definition of Terms

Arts program – A program that uses creative expression to positively engage a person and promotes pro-social behaviors (Johnson, 2007)

Art therapy - The American Art Therapy Association (AATA) defines art therapy as:

“a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.” The overall goal of art therapy, as in any mental health profession, is to promote the client’s personal well-being (AATA, 2013). Art therapy can be practiced in a broad-range of clinical and community settings, and with a diverse client population (AATA, 2013).

Corrections - This term is adapted from the Bureau of Justice Statistics’ (BJS, 2015) definition of “*Institutional Corrections*,” which refers to persons held in secure correctional facilities. These correctional facilities may include county jails operated by local authorities, typically holding inmates short-term, and prisons that are operated by state or federal Bureau of Prisons, and serve as long-term housing for inmates. Corrections may also include those on parole, living in half-way houses, and those on work-release.

Detainee/ Inmate (used interchangeably) - Also called a *jail inmate*, as defined by BJS:

Offenders confined in short-term facilities that are usually administered by a local law enforcement agency and that are intended for adults but sometimes

hold juveniles before or after adjudication. Jail inmates usually have a sentence of less than 1 year or are being held pending a trial, awaiting sentencing, or awaiting transfer to other facilities after a conviction. (Terms and Definitions: Corrections)

Pro-social behaviors - Behaviors that align with the values of society and that benefit the community in which the inmate is a part of. Examples of pro-social behaviors include cooperation and following the law (Crime and Justice Institute, 2004).

Treatment program – Programs designed “to care for, educate, inform, with the intention for the reduction of recidivism” (BCIS Programs section, 2016, para. 1). For example, this might include talk-therapy, group therapy, and/or pharmacological therapy interventions.

CHAPTER II

LITERATURE REVIEW

Statistics on Criminology

National. According to the Bureau of Justice Statistics (BJS, 2015), there were approximately 731,570 inmates being held in jails across the United States at yearend in 2013. These jails held detainees awaiting trials and sentencing, as well as convicted offenders (BJS, 2015). This report also states that “more than 11.9 million people were admitted to local jails during the 12-month period ending December 31, 2013” (BJS, 2015). In 2013, the BJS reported that the national expenditures of local jails between the years of 2005 and 2011 varied between \$25.8 billion and \$28.4 billion. Approximately, 80% of the total corrections expenditures was spent on correctional intuitions, including jails, by local governments (BJS, 2013).

Indiana. As reported by the National Institute of Corrections (NIC, n.d.) in 2013, there were 89 jails and detention facilities serving Indiana’s 92 counties, housing approximately 16,600 jail inmates. In 2014, the NIC reported that Indiana’s overall crime rate was about 4% higher than the national average rate of crime. Property crime accounted for approximately 88% of all crimes committed in Indiana, while the remaining 12% of crimes were considered violent – about 5% higher than the national average.

In 2014, Indiana’s incarceration rate for State and Federal prisons was approximately 13% higher than the national average, while those in the community corrections systems (probation) was 61% higher than the national average (NIC, n.d.). Indiana’s prison

population in 2014 was estimated at 28,000 inmates which has nearly tripled since 1987 (Frazee, 2015).

In an interview with Buckley and Guerra (2016), the Executive Director of the Indiana Sheriffs' Association, Stephen Luce, stated that more than half of the inmates held in Indiana county jails are awaiting trial and sentencing. Overall, Indiana's criminological statistics are higher than national statistics, indicating a larger percentage of Indiana's population is committing crimes and being detained in local county jails. With larger populations in county jails, more services will likely be necessary in order to meet the needs of the inmates.

Mental Health

Statistics. As reported by the Bureau of Justice Statistics in 2006, approximately 21% of detainees have reported a recent history of mental health concerns at intake, while nationally 64% of all detainees/inmates in county jails demonstrate a need for mental health services (Cornelius, 2008; Helms, Gutierrez, & Reeves-Gutierrez, 2014; BJS, 2006). The BJS (2006) stated that 54% of inmates reported symptoms that met criteria for mania, 30% of inmates reported symptoms of Major Depressive Disorder, and 24% of inmates reported symptoms that met the criteria for a psychotic disorder. It is possible that the numbers of those with mental health issues could be higher than reported as many jail inmates are not in custody long enough to receive a mental health assessment (BJS, 2006). Currently, there is a lack of mental health services and programs serving the county jail inmate population. Helms, Gutierrez, & Reeves-Gutierrez (2014) report that "policies to date authorizing and resourcing mental health treatment for persons involved in the criminal justice continuum

have fallen far short of ensuring adequate and equitable services to the mentally ill jail residences” (p. 32-33). Overcrowding, which has started to become an issue in many correctional facilities, increases the needs for mental health services (Buckley & Guerra, 2016). Inmates with mental health issues can be disruptive to the jail milieu causing discord for the entire facility (Day & Onorato, 1989; Helms, Gutierrez, & Reeves-Gutierrez, 2014; Ruddell, 2010).

Inmate Needs. In 2014, Indiana introduced the legislative House Enrolled Act 1006 (HEA 1006), which reformed Indiana’s sentencing laws. HEA 1006 was enacted to reduce Indiana’s prison overpopulation by “requiring low-level and nonviolent offenders to serve their sentences in local communities” (Buckley & Guerra, Not A New Problem section, para. 1, 2016). As a result of the reform, roughly 14,000 low-level offenders, many with addiction and mental health issues, were transferred from Indiana state and federal prisons to county jails (Guerra, 2015). Buckley and Guerra (2016) reported that the overcrowding in Indiana jails will “remain a problem until programs and services created through the sentencing reform see some success in reducing recidivism” (Not A New Problem section, para. 9).

In Frazee’s 2015 news article, Kim Manlove, director of the Indiana Addictions Issues Coalition, states:

When someone who has mental health or substance abuse issues commits a crime, they immediately, once the handcuffs go on, get \$20,000 worth of services, but those services are incarceration and little or none of that \$20,000 right now goes toward any sort of treatment for their mental health or substance abuse issues. (Overfilled Prisons and Jails section, para. 12).

Addiction and substance use. Addiction, as defined by the National Council on Alcoholism and Drug Dependence (NCADD)(2015) as a “chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her” (What is Drug Addiction? Section). Further, NCADD (2015) states that although a person may initially make the decision to take drugs voluntarily, over time, drugs can mimic the brain’s natural chemical messengers and/or overstimulate the brain’s reward system, making it difficult for the user to resist the intense impulses and cravings for the drugs. In other words, it is possible for a person to become addicted to a substance without the intention of doing so on the outset. For the purposes of this paper, mental health disorders/issues will include substance use/abuse and addictions.

National. In a special report written for the BJS, Karberg and James (2005) reported that three out of four offenders arrested for property or drug offenses, and two out of three violent or public-order offenders met substance dependence or abuse criteria in 2002. Of those convicted jail inmates with substance dependence or abuse issues, 16% reported that they committed their offense in order to obtain money for drugs, and half of all jail inmates had drugs or alcohol in their system at the time of the offense (Karberg & James, 2005). According to BJS (2006), approximately 75% of female inmates present with co-morbid mental health diagnoses and substance abuse disorders. This data substantiates the need of treatment programs for addictions, mental health issues, and co-occurring addictions and mental health issues in correctional settings to be addressed.

Indiana. The Indiana University Center for Health Policy (IUCHP)(2016) prepared a statistical report and epidemiological profile on substance abuse in Indiana for the year of 2015, covering legal substances such as alcohol and tobacco, as well as illicit substances

including marijuana, cocaine, heroin, methamphetamine, prescription drug abuse, and polysubstance abuse. In the report, they cover the prevalence of use and abuse, the impact of each substance on health, and the impact each substance had on the criminal justice system in Indiana. The Center for Health Policy (CHP, 2016) published a brief report summarizing the findings of the IUChP epidemiological profile.

Alcohol. Alcohol is the most frequently used substance in Indiana as well as the United States, where 51.5% of Hoosiers over the age of 12 had drunk alcohol within the past month and 21.8% engaged in binge drinking (CHP, 2016). Indiana's overall annual rate of alcohol abuse and dependence was 6.7%, with the highest rate of abuse and dependence being among 18- to 25-year-olds at 13.3% (CHP, 2016). Data from 2012 showed that there were 23,350 arrests for driving under the influence, 14,787 arrests for public intoxication, and 12,866 arrests for liquor law violations in Indiana (CHP, 2016). Alcohol was also a major factor in approximately 47% (2,532 instances) of homicides committed in Indiana between the years of 2000 and 2014 (IUChP, 2016).

Marijuana. Marijuana is the most commonly used illicit substance used in Indiana as well as the United States, with the highest rate of current use in Indiana among 18-to 25-year-olds at 20.3% (CHP; 2016). The report states that marijuana dependence accounted for 21.5% of Indiana treatment admissions, "a significantly higher percentage compared to the nation's 16.7%" (CHP, 2016, p. 4). Short-term marijuana has been linked with distorted perception, memory impairment, learning problems, and difficulty thinking and problem solving, while long-term use is linked to mental health problems including depression, anxiety, suicidal thoughts, and personality disturbances, according to the IUChP (2016)

profile. In 2012, 11,000 arrests were made for possession of marijuana, and 1,800 arrests for the sale or manufacturing of marijuana in Indiana (CHP, 2016).

Cocaine. In the last year, 1.2% of Hoosiers ages 12 and older reported using cocaine in the last year, with the highest rate of use being among 18- to 25-year-olds at 3.8% (CHP, 2016). Cocaine use accounted for 12.2% of substance abuse treatment admissions in 2013, which decreased significantly from 25.5% in 2000 (CHP, 2016). Large amounts of cocaine use may lead to paranoia and/or bizarre, erratic, and violent behavior (IUCHP, 2016). In 2012, arrest rates were approximately 1,600 for both possession of cocaine/opiates and for the sale or manufacturing of cocaine/opiates (CHP, 2016).

Prescription drug abuse. The IUCHP (2016) reported that the National Institute on Drug Abuse (NIDA) listed the top three types of prescription medication commonly abused as opioids prescribed to treat pain; central nervous system depressants prescribed to treat sleep and anxiety disorders; and stimulants prescribed to treat narcolepsy and attention-deficit hyperactivity disorder. In 2015, approximately half of the 13 million prescription controlled substances dispensed in Indiana were opioid pain relievers, in which the highest prevalence (9.5%) of nonmedical use of these prescriptions was among Hoosiers between the ages of 18- and 25-years of age (CHP, 2016). Significantly higher than the national rate of 20.9%, 27.5% of Indiana admissions to substance abuse treatment were for prescription drug use (CHP, 2016). Individuals often illegally obtain controlled substance prescriptions through prescription fraud, illegal online pharmacies, “doctor shopping”, theft and burglary, or receiving/purchasing from friends, family members, and/or dealers (IUCHP, 2016). In 2012, over 2,500 arrests were made for possession of sedatives and/or stimulants, and approximately 1,000 arrests for the sale and manufacturing of these substances (CHP, 2016).

Statistically, Indiana's arrest rate for possession was significantly lower than the national rate of 0.8, while the arrest rates for the sale and manufacturing were the same amongst the state and the nation (CHP, 2016). According to the ISDH (2016), there were 1,152 fatal drug overdoses in Indiana in 2014, in which 21.7% (250 instances) were attributed to opioid painkillers such as oxycodone or hydrocodone. Nationally, overdose deaths involving opioids increased by 14% in 2014 (ISDH, 2016).

Opioids/Opiates. Opioids include the entire family of opiates including the natural forms, as well as the synthetic and semi-synthetic forms formally referred to as *opiates* (National Alliance of Advocates for Buprenorphine Treatment (NAABT) (n.d.). These drugs act on the opioid receptors in the brain, inducing feelings of euphoria while reducing pain symptoms. The most commonly used opioids and opiates include prescription pain medications and heroin. According to the Indiana State Department of Health (2016), opioids, including heroin, accounted for 61% of all drug overdose deaths nationwide.

Heroin. Statistical information on the Indiana-level use of heroin within the general population was not available at the time the CHP (2016) published the report. However, treatment centers in Indiana reported that 12% of their admissions reported heroin use (CHP, 2016). This statistic is significantly lower than the nation's percentage of 22.4%, however, the CHP reports that "while the nation's percentage has slightly increased since 2001, Indiana's percentage more than quadrupled during that time period" (2016, p. 6). Mental health consequences associated with heroin use include the deterioration of the brain's white matter which may affect behaviors such as decision making (IUCHP, 2016). The arrest rates for heroin were the same as the arrest rates for cocaine in 2012, as heroin is considered an opiate. Deaths caused by heroin overdoses in Indiana have increased more than 2.5 times

between 2011 and 2014, surpassing the number of traffic-related fatalities. This is likely due to the increased supply, easy accessibility and cheaper prices of heroin (ISDH, 2016).

Nationally, the overdose death rate due to heroin increased by 26% in 2014 (ISDH, 2016).

Methamphetamine. As with heroin, statistical information on the Indiana-level use of methamphetamine was not available in the CHP (2016) report. IUChP (2016) listed many of the health consequences of the use of methamphetamine that included an increased risk of mental illness and risky behavior. Examples of mental health issues associated with methamphetamine use include impaired memory, mood alterations, insomnia, violent behavior, hallucinations, confusion, and paranoid psychosis (IUChP, 2016). From years 2000 to 2013, the percentage of Indiana treatment admissions reporting methamphetamine use increased significantly from 4.0% to 13.4% (CHP, 2016). In 2012, there were 2,100 arrests for possession of methamphetamine and other synthetic drugs and 900 arrests for sale and/or manufacturing of the drugs, in Indiana (CHP, 2016).

Polysubstance abuse. Polysubstance abuse, or the “serious pattern of drug use that involves the consumption of two or more drugs at a time,” was reported by 62.3% among Indiana’s treatment population (CHP, 2016, p. 9). In Indiana, alcohol is most frequently used in addition to other drugs, with the three most common clusters identified as “(a) alcohol and marijuana; (b) alcohol and some other drug; and (c) alcohol, marijuana, and methamphetamine” (CHP, 2016, p. 9).

State and County Jail Programs

Boone County. According to the Boone County Indiana Sheriff’s (BCIS) webpage, the jail offers eight programs and classes designed “to care for, educate, inform, with the

intention for the reduction of recidivism” (BCIS Programs section, 2016, para. 1) . These include a General Education Diploma (G.E.D.) program, a substance abuse program, Celebrate Recovery program, Bible studies/faith-based ministry, and classes targeted towards parenting, anger management, life skills, and job skills. The substance abuse program receives funding from the Boone County Superior Court 2 Alcohol and Drug Program, and employs two counselors to provide over 40 hours of services per week to the inmates (BCIS, 2016). In 2013, the Boone County jail started offering Narcotics Anonymous as a jail curriculum. It is reported that 27 of 42 female admissions, and 66 of 81 male admissions to the program, completed the curriculum successfully (BCIS, 2016).

For the past 20 years, drug treatments have been offered to inmates in the Boone County jail, but upon release, many inmates become repeat offenders instead of recovering from their addiction (Criscuolo, 2016). “When the inmates come here, frankly, I don’t want them back. So, when we release them and they go to community corrections or probation we definitely want to see them succeed and give back to society,” stated Boone County Sheriff Mike Neilsen (Criscuolo, 2016). In 2016, the Boone County Sheriff’s Office was awarded a \$90,000 grant to offer the alcohol and opioid blocker injection, Vivitrol, as a part of their drug treatment program. Inmates must commit to the treatment program which includes 90 days of treatment while in jail, then a Vivitrol injection within 48 hours prior to release from jail, and finally, continued monitoring for up to a year after time-served (Crisculo, 2016). Results of this new treatment program for Boone County have not yet been released, but similar programs in other Indiana counties have shown promising results (Crisculo, 2016).

Hamilton County. An online search resulted in little information regarding any type of educational, mental health, or addiction programing for inmates at the Hamilton County

jail. However, Hamilton County does offer a program to clients that are active with the Drug Court for alcohol or other drug-related offenses, called the Court Assisted Rehabilitative Efforts (C.A.R.E.) Program (Hamilton County, Indiana, n.d.). The C.A.R.E. Program assists clients in being referred to appropriate treatment or education services through the Division of Mental Health and Addictions (DMHA). Clients may be referred to receive education, early intervention, outpatient treatment, intensive outpatient treatment, inpatient treatment, residential care, 12-step meetings, and mental health services through the C.A.R.E. Program, with programming fees ranging from \$150 to \$400 (Hamilton County, Indiana, n.d.). This program employs six probation officers that are certified through the State of Indiana to perform substance abuse assessments and refer clients to appropriate programs and services to meet the client's needs (Hamilton County, Indiana, n.d.).

According to news article written by Jack Rinehart (2015), Hamilton County is the most affluent county in Indiana and also ranks number nine in deaths due to heroin in the state. Rinehart (2015) reported that a support group, named Overcoming Heroin, was formed by a woman due to the lack of addiction treatment programs in Hamilton County. Although this program and support group is not part of the Hamilton County jail, Overcoming Heroin provides referrals to treatment facilities and acts as support system for those with family members addicted to, or have overdosed on, heroin (Rinehart, 2015).

Hendricks County. An online search for mental health and/or addiction programs in the Hendricks County jail uncovered minimal information. However, information was found regarding services that the Probation Department provides to Hendricks County offenders. In addition to the traditional probation services and electronically monitored home detention devices, the Probation Department provides court based alcohol and drug services. Offenders

are screened using a risk assessment tool by probation officers prior to sentencing and home detention (Hendricks County, Indiana, 2017). Probation officers are also trained to provide assessment services, drug screenings, substance abuse education, and referral services to offenders on probation (Hendricks County, Indiana, 2017). It is unclear what other services or programs the Probation Department provides or refers for offenders.

The Eight Evidence-Based Principles for Effective Interventions

The Eight Evidence-Based Principles (EBP) for Effective Interventions is an evidence-based practice model/framework developed by the National Institute of Corrections (NIC) and the Crime and Justice Institute (CJI). The purpose of this model/framework is to provide effective interventions, backed by evidence-based research, to those within the correctional system, including those awaiting pretrial, jail, probation, parole, among others (CJI, 2004). The Eight Evidence-Based Principles were created in order to improve outcomes by reducing recidivism within the correctional system. Each of the principles acts as a foundation in which the next is built upon, and can be thought of as a stage of development in the treatment and therapeutic process, with an exception to principles 7 and 8, as they are fluid and are utilized throughout the entire process. These guiding principles are listed in developmental order although these principles, specifically 7 and 8, are “highly interdependent” (CJI, 2004, p. 3). These principles include the following:

1. Assess Actuarial Risk/Needs
2. Enhance Intrinsic Motivation
3. Target Interventions
 - a. Risk Principle

- b. Need Principle
 - c. Responsivity Principle
 - d. Dosage
 - e. Treatment Principle
4. Skill Train with Directed Practice
 5. Increase Positive Reinforcement
 6. Engage Ongoing Support in Natural Communities
 7. Measure Relevant Processes/Practices
 8. Provide Measurement Feedback

Figure 1 shows how these principles build upon each other in which assessing for risk and needs are the foundation.

Eight Guiding Principles for Risk/Recidivism Reduction

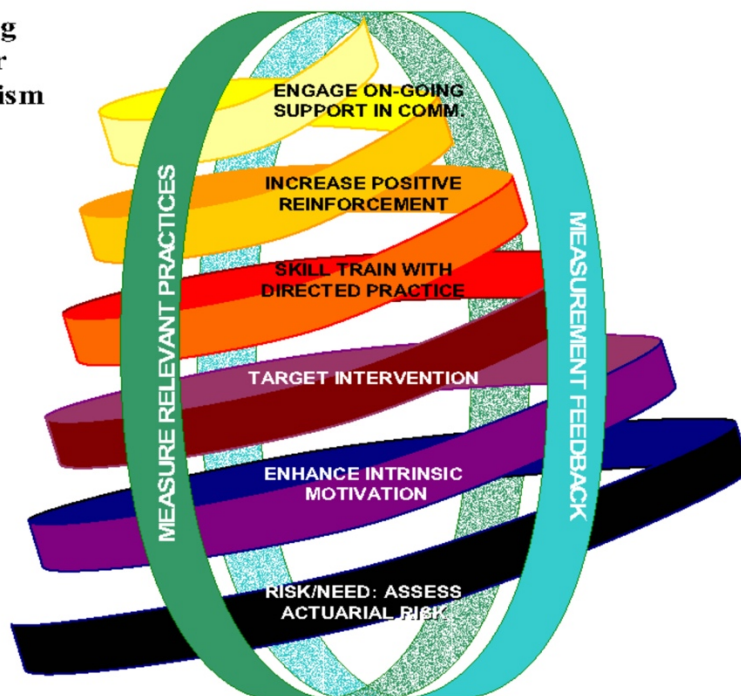


Figure 1. The Eight-Guiding Principles for Risk/Recidivism Reduction, also referred to as ‘The Eight Evidence-Based Principles for Effective Interventions’ (Crime and Justice Institute, 2004).

These principles, when completed in order, “allows agencies to target resources on high-risk offenders and avoid the pitfalls of expending large amounts of resources on low-risk/high-need offenders” (CJI, 2004, p. 3).

Assess actuarial risk/needs. This principle is aimed to gather case information and screen each inmate using valid assessment tools that focus on dynamic and static risk factors, and criminogenic needs (CJI, 2004). Formal and informal assessments should be ongoing in order to provide the offender with the most appropriate level of care and management.

Enhance intrinsic motivation. This principle encourages correctional staff members to “relate to offenders in interpersonally sensitive and constructive ways to enhance intrinsic motivation in offenders” (CJI, 2004, p. 4). Positive interpersonal interactions with offenders strongly influence the likelihood of making positive behavior changes. CJI (2004) discussed that the use of Motivational Interviewing (MI) techniques encouraged offenders to explore their feelings of ambivalence towards behavior changes in a more productive manner than using persuasion tactics.

Target interventions. *Target Interventions* consists of five sub-principles. The first sub-principle is the *Risk Principle* which prioritizes supervision and treatment resources for offenders that are at higher risk for recidivism. Higher risk offenders “have a greater need for pro-social skills and thinking and consequently, are more apt to demonstrate significant improvements through related interventions” (CJI, 2004, p. 4). The second sub-principle is the *Criminogenic Need Principle* which addresses and prioritizes an offender’s criminogenic needs, or dynamic risk factors, for treatment. Common criminogenic areas include dysfunctional family relations, anti-social peers, substance abuse and addictions, overall low impulse control, and anti-social values and attitudes (CJI, 2004). The third sub-principle is

the *Responsivity Principle* which requires that the inmate's individual characteristics including culture, gender, motivational stages, developmental stages, and learning styles to be taken into consideration when matching the offender with services, and that the provided treatment services are proven to be effective with that offender population. The fourth sub-principle is *Dosage* and it focuses on the amount of time offenders spend on specific activities. Currently the dosage prescribed is that 40% -70% of high-risk offenders' free time in the community, over the span of three to nine months, should be structured with a delineated routine and appropriate services which may include outpatient treatment, employment assistance, and educational programs (CJI, 2004). Higher risk offenders and certain offender subpopulations, such as those with severe mental illness or with a chronic dual diagnosis, will likely necessitate a higher dosage amount to include extensive and extended treatment services. CJI (2004) expressed that "providing appropriate doses of services, pro-social structure, and supervision is a strategic application of resources" (p. 5). The fifth sub-principle, the *Treatment Principle*, requires that treatments, such as cognitive-behavioral therapy, be strategically applied as an integral part of the sentence/sanction process in order to "provide the greatest long-term benefit to the community, the victim, and the offenders" (CJI, 2004, p.5).

Skill train with directed practice. This principle requires well trained staff, able to understand antisocial thinking, social learning, and appropriate communication techniques, to provide programming treatment that emphasizes cognitive-behavioral strategies to offenders. Skills are taught and practiced through role-playing with offenders, in which pro-social attitudes and behaviors are reinforced by staff members (CJI, 2004).

Increase positive reinforcement. The goal of the *Increased Positive Reinforcement* principle is to apply a higher ratio (4:1) of positive to negative reinforcement to offenders in order to promote and sustain pro-social behavior changes. Offenders are encouraged to self-regulate and take personal responsibility for their behaviors, in which positive behavior changes will be rewarded and unacceptable behavior will receive punitive measures (CJI, 2004).

Engage on-going support in natural communities. The objective of the *Engage On-going Support in Natural Communities* principle is designed to realign offenders with positive influences and pro-social supports within their communities. Pro-social supports that can positively reinforce new behaviors may include family members, spouses, and supportive others in the offender's immediate environment, as well as pro-social organizations and activities such as attending 12 step programs and religious activities (CJI, 2004).

Measure relevant processes/practices. The *Measure Relevant Process/Practices* principle's aim is to measure agency outcomes. This principle is to be applied in tandem with the other principles, and assessed at each step. In order for services to remain effective for an offender, agencies must routinely assess offender treatment progress and evaluate for risk of recidivism. Additionally, staff performance should also be routinely evaluated to ensure programming and services are being delivered in alignment with program design, principles, and desired outcomes (CJI, 2004).

Provide measurement feedback. This principle acts as an overarching quality assurance system in order to "monitor delivery of services and maintain and enhance fidelity and integrity" (CJI, 2004, p. 7). Feedback aims to increase offenders' personal accountability to stay in-line with treatment goals, ultimately enhancing motivation for change and greater

outcomes (CJI, 2004). This principle, along with *Measuring Relevant Processes/Practices principle*, are designed to be implemented and examined throughout each of the proceeding principles.

The Eight Evidence-Based Principles for Effective Interventions is a model based on best practices research that can be implemented to reduce offender recidivism. The model is designed to be applicable at the case level, the agency level, and the system level. At the case level - meaning each individual offender's case - these principles are implemented in a very similar sequence as presented above, starting with assessing the offender's risks and needs to engaging the offender in pro-social supports in their community, while providing feedback and measuring relevant practices throughout the process (CJI, 2004). Individual treatment interventions occur at this level.

At the agency level, the principles are applied to "assist with more closely aligning staff behaviors and agency operations with EBP" (CJI, 2004, p.12). This starts with assessing staff members (principle #1) followed by enhancing motivation (principle #2) within the staff, and in turn moves the agency to better prepare for changes (principle #3). The establishment and clarification of new agency protocols and staff training aligns with principle #4. Staff members that demonstrate new skills and proficiency receive increased positive rewards (principle #5), which is an accepted practice in many agencies (CJI, 2004). Providing ongoing support, such as teamwork within the agency, and through external supportive stakeholders, aligns with principle #6. The final two principles (#7 and #8) are implemented to develop "quality assurance systems, both to provide outcome data within the agency, but also to provide data to assist with marketing the agency to external stakeholders" (CJI, 2004, p.12).

At the system level, there is little fundamental difference in how the principles are applied in the agency level in terms of sequence, however, “demonstrating the value of the EBP and effective interventions is most crucial at this level, in order to effectively engage the debate for wiser future funding” (CJI, 2004, p.12). The funding process must be channeled through state and local agencies that oversee responsibilities or have a population jurisdiction. The system level application of the EBPs calls for greater abstraction and policy integration. The scope and complexity the EBPs becomes more abstract at this level as communication, accountability, and sustained moral become more difficult (CJI, 2004). For these principles to work effectively at a system level (as in the state judicial or law-making systems), those who influence the system must adopt the usage of EBPs and practice the principles when making decisions about policy. System-wide policy development and implementation is dependent on policy makers understanding and support of the EBPs mission towards reduced incidences of recidivism.

Art Therapy and Arts Programs

Historically, spontaneous art making and artistic expressions were common in correctional environments (Day & Onorato, 1989; Gussak, 1997b; Hanes, 2005; Liebmann, 1994). If one were to visit a correctional institution, it is likely that evidence of some sort of creative expression would be found. Common examples of artistic expression in correctional settings include pencil drawings, soap carvings, tattoos, wall murals, and decorative envelopes (Gussak, 1997b). Hall (1997) discussed that, despite the oppressive nature of corrections, inmates often display an innate desire to create. Advanced artistic abilities can be a means of gaining status among inmates (Gussak, 1997b). Inmates often create alone in their

cells, but are also encouraged to employ artistic processes in education classes (Liebmann, 1994). Hall (1997) wrote “the most obvious and basic function of art for prison artists is to provide one of the few means of escape from the environment” (p.31). Evidence of this form of mental escape can be seen in the landscape murals often drawn on jail and prison walls (See Johnson, 2007, for image reproductions).

Art therapy. Art programs and art therapy, in conjunction with other treatment programs, have been found effective in improving affect and demeanor within the correctional setting (Johnson, 2007; Gussak, 2004a, 2006, 2009). Art therapy can serve many purposes for inmates as well as for the institution itself. Gussak (1997a; 2007) found eight advantages of art therapy and art making in a correctional setting in which he concisely outlined:

1. Art is helpful in the prison environment, given the disabilities extant in this population, contributed to by organicity, a low educational level, illiteracy, and other obstacles to verbal communication and cognitive development.
2. Art allows the expression of complex material in a simpler manner.
3. Art does not require that the inmate and/or client know, admit, or discuss what he has disclosed. The environment is dangerous, and any unintended disclosure can be threatening.
4. Art promotes disclosure, even while the inmate and/or client is not compelled to discuss feelings and ideas that might leave him vulnerable.

5. Art has the advantage of bypassing unconscious and conscious defenses, including pervasive dishonesty.
6. Art can diminish pathological symptoms without verbal interpretation.
7. Art supports creative activity in prison and provides necessary diversion and emotional escape.
8. Art permits the inmate and/or client to express himself in a manner acceptable to the inside and outside culture. (p. 446)

Gussak, (1997a; 2007) found that as a means of self-preservation, inmates were guarded with rigid defenses and apprehensive to engage in verbal disclosure. He found that the non-verbal aspects of art making were regarded as non-threatening and allowed for greater expression by bypassing defenses. Gussak (1997c) claimed that “the art created during art therapy becomes the ultimate hidden weapon since art has the ability to hide the therapeutic process” (p.61). In conclusion, art therapy has demonstrated to be a positive means of expression for inmates (Gussak & Virshup, 1997)

Mental health and addictions. Gussak (2007) synthesized a pilot study and follow-up as a means to gauge the effectiveness of art therapy in the reduction of depression in the prison population. Participants on a mental health unit attended the art therapy pilot study group two times per week for four weeks. The participants completed a pre- and posttest Person Picking an Apple from a Tree (PPAT) assessment which was rated using the Formal Elements Art Therapy Scale (FEATS), and a Beck Depression Inventory – Short Form (BDI-II). In addition, the prison counselor completed a pre- and posttest observational survey measuring the inmates’ interpersonal interactions. Results of Gussak’s (2004a) pilot study indicated a significant decrease in depressive symptoms and an elevation in the prisoners’

moods at the end of the four-week study, giving indication that art therapy interventions can improve quality of life in a correctional setting.

In the follow-up study conducted by Gussak (2004b), he utilized a control group and an experimental group. The experimental group attended art therapy groups once per week over an eight-week period. The FEATS and BDI-II were utilized measures, but for the follow-up study, the BDI-II was used to measure outcome differences between the two groups. Results of the follow-up study were mixed, with improvements seen in the BDI-II results, but the results of the FEATS were unchanged.

Johnson (2008) effectively summarized the benefits and wide range of needs that art therapy can address in the correctional setting. Art therapy provides treatment for mental illness, addiction and substance abuse, childhood trauma, physical impairments, self-injurious behaviors, grief and loss, and assimilation to incarceration (Johnson, 2008). Day & Onorato (1997) utilized group art therapy with incarcerated trauma survivors. They found that art making promoted personal empowerment and encouraged containment of overwhelming memories and feelings attributed to traumatic experiences. The group setting supported socialization and combatted the isolative tendencies of trauma survivors (Day & Onorato, 1997). Art therapy and the art making process allowed the trauma survivors to conquer and transform the shame associated with trauma, integration of self, and coming to terms with the traumatic events.

Art therapy may also benefit correctional settings as an additional means of assessing inmate psychological states. Hanes (2008) utilized the Road Drawing directive as a metaphor for perception of life, and served as a valuable tool in assessing suicidality and self-harming behaviors at a county jail. Hanes (2008) found that the Road Drawing directive was well

suited as a universal theme that diverse populations, such as jail populations, could easily understand. This particular directive was able to provide the art therapist and clinical staff with information that the inmate would have otherwise been reluctant to share. The Person Picking an Apple from a Tree (PPAT) art therapy assessment in conjunction with the Formal Elements Art Therapy Scale (FEATS) as the rating instrument, has been found useful in identifying symptoms of major depression, substance use disorders, schizophrenia, mania relating to bipolar disorder, organic mental disorders, and cognitive disabilities (Rockwell, 2006).

In correctional settings, it is common to observe the deterioration of inmates' attitudes, behaviors, and self-confidence as they adjust to stimuli deprivation (Riches, 1994). This deterioration in self-confidence may lead to acts of aggression and violence to disguise feelings of vulnerability (Riches, 1994). Art therapy and other purposeful creative endeavors can "offset the deleterious and dehumanizing effects of prison life," while improving feelings of self-esteem and autonomy (Riches, 1994, p. 79).

For those with an addiction, art therapy can be helpful as it allows for expression of preverbal feelings through a nonverbal medium; provide a space to foster creativity which can be self-affirming (Wilson, 2003); and may also help the client to enhance locus of control and intrinsic motivation (Holt & Kaiser, 2009). Art therapy directives can be helpful in conjunction with traditional models of addiction treatment, such as working through the 12 Steps of Alcoholics Anonymous (AA) (Wilson, 2003), Motivational Interviewing (MI) techniques (Holt & Kaiser, 2009), and Cognitive-Behavioral Therapy (CBT) techniques (Rosal, 2003; Rozum & Malchiodi, 2003).

The purpose of the 12 Steps of AA and MI techniques are to confront the issue of addiction and to motivate the individual to make sober choices. Often times, the defense mechanism of denial is used by addicts to protect and cover up negative feelings of one's self, or help to minimize the severity of the substance usage, gambling, or sex addiction (Wilson, 2003). Step one of the 12 Steps of AA, states "We admitted we were powerless over alcohol – that our lives had become unmanageable" (Hazelden Betty Ford Foundation, 2016). This initial step identifies the pattern of denial that is associated with addiction. Feelings of loss-of-control and shame are often masked unconsciously, and when those feelings come to the surface, the person may then try to suppress those feelings through consuming more of the substance in which they are addicted (Wilson, 2003), or by engaging in unhealthy behaviors related to their addiction. The artwork created in art therapy can serve as a tangible and visual depiction of one's internal struggle with addiction which can be further explored to help the individual identify the role of their addiction has played in their life (Wilson, 2003). This may lead to an increased awareness and ability to recognize the areas in their lives that have been impacted by addiction, helping the person to overcome denial. Hanes (2007) noticed that frontal self-portraits were often spontaneously created by chemically dependent patients in his art therapy sessions. Through Hanes' clinical observations, he suggested that the creation of "a spontaneous frontal self-portrait often reflects the individual's effort to come face-to-face with his or her addictive nature" (2007, p.33). Therefore, an individual with addictions may unconsciously create a spontaneous self-portrait as a means to confront and acknowledge the painful reality of their addiction (Hanes, 2007).

Holt & Kaiser (2009) suggest combining art therapy and Motivational Interviewing (MI) techniques to encourage clients to find intrinsic motivation for change. Unlike the 12 Steps that addicts must ‘work’ through, MI is comprised of five Stages of Change (SOC) that the client gradually progresses through. MI begins at the *precontemplation* stage, where the change of behaviors has not been considered yet by the client, and ends at the *maintenance* stage, where the client is ready to commit to and sustain long-term change (Holt & Kaiser, 2009). Art therapy tasks that address the client’s ambivalence attitude toward their substance use can provide the client with a concrete, tangible product that visually represents this ambivalence, and can foster discussion of what it might be like to stay the same or to change. Holt & Kaiser (2009) developed an art therapy framework called ‘The First Steps Series’ that implements art directives based on each of the five MI stages and the Stages of Change model that encourage motivation through active engagement in the treatment process. The art tasks in The First Steps Series include “the Crisis Directive, the Recovery Bridge Drawing, the Costs-Benefits Collage, the Year from Now Directive, and the Barriers to Recovery Directive” (Holt & Kaiser, 2009, p.246). These directives help clients to identify reasons that they are in treatment, current status in recovery process, to assess for readiness of change, raise awareness and self-reevaluation, and identify barriers in the recovery process. These art directives and therapeutic techniques inherent in MI, complement each other in ways that promote client change in an experiential and self-affirming way (Holt & Kaiser, 2009; Wilson, 2003).

CBT aims to address the connection between thoughts and behaviors as a means of restructuring faulty thought processes such as negative self-talk and assumptions, learning coping skills and problem-solving skills (Rosal, 2003). Rosal (2003) explained that CBT has

been effective in treating a spectrum of disorders in adults. These include depression, anxiety, phobias, insomnia, post-traumatic stress disorders (PTSD), personality disorders, schizophrenia, and obsessive-compulsive disorders (OCD). Rozum & Malchiodi (2003) described CBT as “a highly directive and structured approach” and that “in most cases, the goal of treatment is to eliminate or drastically reduce symptoms in 6 to 20 sessions as well as give the client the tools to remain symptom-free” (p.74). In the jail setting, this approach provides the opportunity for therapeutic work to be conducted in a short-term, solution-focused manner while providing the tools inmates can use when re-entering the community (Rosal, 2003). Art therapy and CBT can work together to address thoughts patterns, assumptions, and beliefs through the creative process. Rozum and Malchiodi (2003) suggest that art therapy directives can serve as a means of problem-solving by encouraging the individual to create an image of a stressor that triggers negative emotions; explore how to prepare for a stressor; and the necessary steps needed to manage the stressor. These directives may be beneficial for those with addictions as a concrete way to identify, plan, and manage their addiction.

Other directives, such as The Amusement Park Technique was found to be beneficial when working with dual diagnosis populations. Clients are instructed to “draw an amusement park ride, booth, or event which represents their life” (Hrenko & Willis, 1996, p. 261). This directive allows clients to explore their addictions through the metaphor of a ride or attraction at an amusement park. Clients are able to symbolically represent their experiences, feelings, and emotions in a non-threatening and engaging activity. This directive elicits discussion about the ‘ups and downs’ that are indicative of substance use and abuse, as well as with mental illnesses.

Overall, art therapy can address addictions in a variety of ways and can be adapted to follow certain models or frameworks of traditional addiction treatment. Art therapy can also be utilized to treat mental illnesses, overcome traumatic experiences, motivate positive behavioral changes, increase affect and assimilation to incarceration (Johnson, 2008), as well as encourage engagement in therapy.

Arts programs. In the United States, support for arts programs in correctional settings sharply decreased in the 1980s, despite strong evidence that demonstrated its benefits (Hillman, 2003; Johnson 2008; Kornfeld, 1997). Such decrease in programming was due to public and political officials perceiving arts programs in correctional settings as “unwarranted privileges” (Johnson, 2007, p.73) opposed to therapeutic programming for the mental health needs of inmates (Hillman, 2003; Johnson, 2008). Riches (1994) explained that artistic and therapeutic activities are sometimes eliminated in favor of inmate security. He went on to state, “treatment and reform programmes, including art education and art therapy, are generally successful when prisoners, prison staff and teachers or therapists enjoy a measure of mutual trust, and respect and discipline is not jeopardized” (Riches, 1994, p. 78).

Johnson (2007) stated that the arts benefit prisoner rehabilitation, quality of life, and the greater society as a whole. Johnson (2008) also stated that “art programs may be widely useful because artistic activities respond to prisoners’ basic human need for creative self-development, autonomy, and expression” (p. 100). Furthermore, Kornfeld (1997) identified the value in arts programs in corrections as a means for personal growth by providing therapeutic, educational, vocational, and recreational opportunities. Art education encourages one to acquire knowledge about their surroundings by using their senses, which

then may lead to greater awareness of self and society (Riches, 1994). This increased awareness may encourage better life choices and pro-social behaviors, reducing the likelihood of recidivism.

In an evaluation of the 'Arts-In-Corrections' program for the California Department of Corrections, Brewster (1983) found a positive correlation with approximately 80% fewer disciplinary reports and reduced recidivism for inmates who participated in the arts program. Riches (1994) also explained that the arts programs in California prisons were found to be therapeutic as they allowed prisoners time to express themselves in ways that avoided recriminations. In his article, *Jail Wall Drawings and Jail Art Programs: Invaluable Tools for Corrections*, Johnson (2007) described the artwork found on the walls within an Indiana county jail. He recognized the potential that art making and arts programming could have on inmate rehabilitation. He stated, "perhaps people in trouble with the law would become more seriously involved in rehabilitation programs aimed at reducing recidivism if more opportunities for creative expression were provided" (Johnson, 2007, p. 66). This was also noted in the work of Hanes (2005), as he described common themes within the images. These themes included: time, escape, anger, and redemption and atonement. He deduced that artwork acted as an acceptable and safe means of expressing aggression, impulsivity, and emotions (Graef, 2001; Hanes, 2005; Johnson, 2007, 2008; Liebmann, 1994).

In 1992, after becoming aware of the large amount of spontaneous art the inmates were creating, the State Correctional Institution at Frackville, Pennsylvania, collaborated with the Philadelphia Museum of Art to create an arts program (Wisker, 1997). This program, called 'Inside Out', combined art making and art history to educate inmates on the processes involved in producing and curating exhibitions. Inmates learned about the formal

elements of art, discussed historical artworks, and engaged in their own art making. Inmates that participated in the program were also taught how to build their own frames and display boards in order to make their artwork exhibit-ready. Altogether, 28 inmates were able to exhibit their artwork in public spaces such as shopping malls, art galleries, and in the local art museum. Wisker (1997) explained that Inside Out produced six exhibitions in four years, showcasing hundreds of pieces of inmate artwork. The program allowed for inmates to connect to the larger community in a positive and meaningful manner. Wisker (1997) stated, “Not only have inmates been involved in a process which is inherently healing and continuously validating, they have all learned group cooperation, appropriate interaction and a professional understanding of the real art world” (p. 238).

The Broward County Sheriff’s Office in Florida sponsored a similar program in which jail inmates were encouraged to share their artwork with the community through an annual exhibition and art sale (Overhultz, 2001). The program acted as a creative way to challenge and develop their artistic abilities while allowing inmates to develop confidence in their skills and reduce depression associated with incarceration (Overhultz, 2001). Artworks created by the inmates were displayed in public venues and auctioned off, raising money for local charities. One man was able to attend an exhibition event that he had previously participated in as an inmate. This former inmate explained that creating artwork while in jail helped him to recognize the choices he could make in the future, “I have two choices at night. I could go to the barroom or I could draw. I draw” (Overhultz, 2001, p. 45). Overhultz (2001) reported that the program has generated positive publicity for the jail through compelling stories written by local journalists.

Grant funded art programs

Arts Infusion Initiative. In 2010, the Chicago Community Trust funded and launched a five year, \$2.5 million, multi-disciplinary arts program, called the Arts Infusion Initiative, that aimed to promote positive social and emotional changes for detained and at-risk youth in the Chicago area (Yahner, Hussemann, Gurvis, Paddock, Vasquez-Noriega, & Yu, 2015). The initiative was designed to connect youth in detention centers and/or were at-risk for incarceration with high performing arts learning programs. The youth that participated in the programs were primarily from under resourced areas in which violence, drug, and gang activities were common. The Arts Infusion Initiative worked alongside the local detention facility, public school systems, community arts program leaders, and law enforcement to incorporate the arts into school and after-school environments (Yahner et al., 2015). The youth were able to participate in music, performance arts, literary arts, and visual arts programs and performances.

In an evaluation of the program, Yahner et al. (2015) found that the youth who participated in the Arts Infusion Incentive programs “showed statistically significant and substantial improvements in social and emotional learning skills, as measured by conflict resolution, future orientation, critical response, and career readiness” (p.4), and that the initiative “succeeded in exposing at-risk youth to new skills and technologies, providing confidence building experiences that opened their minds to a positive future” (p.5). The results of the Arts Infusion Incentive evaluation showed that participation and engagement in the arts programs promoted positive social and emotional changes for the youth.

Brush With The Law. Brush With The Law is a community-based visual arts program in Montgomery County, Pennsylvania developed by artist Maria Maneos. The program

works to reconnect women with mental health and behavioral issues, drug addictions, at risk youth, offenders on probation, and parolees with their community through mural and city beautification projects (<https://brushwiththelaw.org>). Prior to becoming a community-based program, Brush With The Law worked with prison inmates at the Montgomery County Correctional Facility providing weekly art classes and materials for painting murals within the facility. Now, as a re-entry program, Brush With The Law engages with local government and nonprofit agencies for collaboration and support, including local police stations, churches, and community housing agencies. The program was initially supported by a seed grant through The Pollination Project, and is sustained with other grants, sponsorships, and donations from local citizens and agencies.

Brush With The Law was inspired by Maneos' son's incarceration experience, where she learned that many inmates lack "emotional, educational, or social outlets to help alleviate feelings of self-defeat, depression and cynicism that ultimately further entraps them in a cycle of crime and drug addiction" (The Pollination Project, n.d.). The program helps participants learn new skills and receive art instruction and guidance as a way to build up their resumes, while simultaneously serving their Community Service hours.

[Brushwiththelaw.org](https://brushwiththelaw.org) describes the program as encouraging the development of the participants' "self-discipline, self-esteem, work ethic, and interpersonal and communication skills while examining their lives and actions which led to their addictions, behavioral/mental health, incarceration, etc" (What we do, n.d). The program advocates that policies and programming focusing on reform should be implemented in order to inspire meaningful changes to those incarcerated, specifically for those suffering from mental health and addiction issues.

Grants

The Minnesota Council on Foundations (MCF) identifies the two most common types of grants: general purpose/operating support grants and program/project support grants (MCF; 2015). General purpose/operating support grants are awarded and used for operational or general expenses, such as supplies and utility bills for an organization. Program/project support grants are intended to “support a specific, connected set of activities, with a beginning and an end, explicit objectives and a predetermined cost” (MCF, 2015, para. 2). Under the umbrella of program/project support grants, there are more specific types of grants such as planning grants and seed money or start-up grants (MCF, 2015). Planning grants support the initial research process involved in developing a new program. Floersch (2014) states “a planning grant results in a product - a plan of action” (para. 3). Program grants, also called implementation grants, support the actual program once it has been initiated (Floersch, 2014). The Minnesota Council on Foundations explains that seed money or start-up grants are awarded to new organizations or programs and are intended to support that organization or program for the first few years of implementation (MCF; 2015).

Structure of a grant. According to Browning (2014), most grant applications generally require that the proposals be written with narrative responses, and include the following sections:

- Executive summary or abstract
- Statement of need
- Program design or methodology
- Adequacy of resources or key personnel
- Evaluation plan

- Organization background/history or organization capability
- Sustainability statement
- Budget (p.16)

The *executive summary or abstract* provides the grant reviewer a brief overview of the full grant application, and should not exceed one page unless otherwise specified. This section should inform the reviewer of the proposed initiative, an introduction of the target population, goals, program objectives, and a plan of action. Browning (2014) suggests that the executive summary or abstract section be written last, once the rest of the grant application has been completed.

The *statement of need* explains the problem in which the grant proposal addresses. This section should include compelling and engaging information that will help the grant reviewer make a decision whether or not to award funds to the agency submitting the grant application. Supportive facts should accompany the narrative in order to emphasize the need or problem of the agency.

The core of the grant application or proposal lies within the *program design* or *methodology* section. The purpose of this section is to provide the grant reviewer with a ‘road map’ of how the project or program will be implemented. Details about how the program or project will be created, implemented, and evaluated should be noted here. Browning (2014) explains that the program design or methodology section should include the following and in this order: (1) A purpose statement that explains why funds are needed; (2) Goals of the program or project; (3) SMART objectives that are specific, measurable, attainable, realistic, and time-bound; (4) An implementation plan with process objectives and timelines that show how the agency will meet and exceed the SMART objectives; (5) A Logic Model

with an impact objective, which shows a graphic representation of the inputs, strategies, outputs, and outcomes, as well as provides an explanation of the long-term benefits of the program or project on the target population; and (6) Evaluation, describing how progress and objectives will be measured, what tools are needed to collect data, and personnel that will participate in the evaluation process.

The *adequacy of resources/key personnel* section shows that the agency possesses or will have qualified personnel with the necessary skills in order to implement the program or project in which the grant will fund.

The *evaluation plan* section describes the process and tools in which the agency will utilize in order to evaluate the program or project. Some funders may ask for this section to be integrated into the program design/methodology section instead of being a stand-alone section.

The *organization background/history* or *organizational capability* section serves as a short introduction of the agency submitting the grant application or proposal to the grant reviewer. This informs the reviewer of the agency's experience and accomplishments in a clear and concise manner. Browning (2014) advises grant-writers to make this section interesting and magnetizing in order to 'sell' the agency's story to the grant reviewers.

Sustainability statements should provide the grant reviewer with information on how the applicant agency will continue the program or project once the initial grant-funding period has expired. It is important that the agency seeking funds has a plan set in place to find further funding, to communicate to the granter(s) that they are working hard to sustain the program or project.

The *budget* section presents a detailed list of where grant monies will be allocated. Funders require other documents such as a budget narrative or cost justification on each proposed expense, an up-to-date financial statement, proof of tax-exempt status for non-profit agencies, a list of the names and positions of the agency's board of directors or other governing body, letters of commitment from other supportive organizations, and a copy of the agency's annual report.

Grant funding opportunities. Yuen, Terao, and Schmidt (2009) explained that when searching for funding, it is important to understand that “sponsors fund their needs, not yours” (p. 21), meaning that funding agencies look to fund programs or projects that align with their mission and values. Yuen, et al. (2009) provided examples of government agencies that provide funding for projects and programs for mental health and addiction services including The Substance Abuse and Mental Health Services (SAMHSA), Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT), and Center for Mental Health Services (CMHS). In addition to the agencies, Grants.gov and the Catalog of Federal Domestic Assistance (cfda.gov) are databases that provide full listings of federal and government sponsored funding (Yuen, et al., 2009).

The Department of Justice (DOJ) offers grants through their smaller federal offices including the Bureau of Justice Assistance (BJA) and the National Institute of Justice (NIJ). Projects and/or programs that are funded through these agencies focus on the justice system, such as providing tools and equipment for law enforcement personnel, implementing programs to reduce recidivism, and address mental health and addiction needs. To apply for any federal government funded grants, applicants must register their agencies through

Grants.gov and through the System for Award Management (SAM) in order to be eligible. When a grant is selected, the awards are then transferred to the agency through SAM.

The Indiana Department of Corrections (INDOC) offers grants similar to the federal DoJ, for Indiana county agencies. The INDOC, requires counties to submit grant applications through their local community corrections advisory board (INDOC, 2017). Certain grants only allow one application per county, and most grant applications must include an approval letter from the local Corrections Advisory Board and county commissioners.

The Indiana Arts Commission (IAC) recently offered a Regional Initiative Grant (RIG) grant program to arts organizations in Indiana to support community engagements in the arts for fiscal year 2018 (IAC, n.d.). Eligible applicants for the RIG grant must be a private, nonprofit, tax-exempt agency with a current 501(c)(3) status from the Internal Revenue Service, or an Indiana public entity such as part of a city, county, or state government (IAC, n.d). The IAC's grant application process is completed by using an online form/template with specific subject fields that the applicant uses to enter their program and agency information. This is unlike the conventional method of writing and submitting a grant traditionally required by many funding agencies.

Individuals seeking funding to start a project or program are usually not permitted to apply for grants through the DOJ, INDOC, or the IAC because the individual is not associated with an eligible government agency. However, individuals can apply for grants through public or private foundations. Foundations, much like government funding agencies, will only sponsor programs that align with the mission and values of that foundation. For example, the Pollination Project is foundation that gives seed grants to individuals and organizations that promote a grassroots form of social change in their communities. Although

the types of projects funded vary widely, the Pollination Project will only award projects that meet a strict set of guidelines.

The Foundation Grants to Individuals Online is an online database service provided by the Foundation Center (FC) that links individuals with possible funding agencies. The FC aims to help find funding for educational support, arts and cultural support, research and professional support, as well as for general welfare and special needs (FC, 2017). To access the Foundation Grants to Individuals Online database, individuals must sign up and pay a monthly subscription fee.

Overall, finding grants or foundations to fund programs and projects are not difficult to locate through databases if the agency seeking funds is non-for-profit or government affiliated. Funding opportunities may become more limited for those seeking very specific grants or funding for specialized programs and projects, specifically for those agencies and individuals that are not affiliated with a non-for-profit or government agency.

Art Therapy Program Budgeting

In most cases, the three largest areas of budget expenditures in developing and implementing an art therapy program in a county jail will be personnel, supplies, and equipment. These areas may vary depending on the size of the program, the agency or organization, and the population the program serves. For a small art therapy program in a county jail, it is estimated that one or two art therapists would be needed. Art therapy programs working with inmates may utilize a limited variety of supplies and equipment due to safety precautions.

Personnel. Examples of personnel expenses to be included in a budget consists of project staff salaries and fringe benefits (Browning, 2014). ERI Economic Institute (n.d.),

statistics show yearly salaries range from \$39,051 for entry-level art therapists to \$68,149 for senior-level art therapists. Art therapist may be contracted to work for the program at an hourly rate. The ERI Economic Institute (n.d.) reports that the average hourly rate for an art therapist is \$23 in central Indiana. Along with salaries, many employers offer fringe benefits. Fringe benefits are any extra benefits that supplement an employee's salary, such as life or health insurance, paid holidays, paid seminar/conference attendance and/or continuing education, and vary from agency to agency (Browning, 2014).

Lisa Rainey (2010), an art therapist, wrote a grant proposal requesting \$50,000 from the Eugene and Marilyn Glick Foundation to help develop a pediatric art therapy program in a central Indiana hospital. Of this amount, \$45,000 was requested for compensation and other benefits for the Art Therapist/Program Director. Another \$1,500 was requested to fund the Art Therapist/Program Director's attendance to an annual art therapy conference, conventions, and other meetings/trainings (Rainey, 2010). The total cost of the program was estimated to be \$110,000, in which the remaining \$60,000 was funded by the hospital and philanthropic support (Rainey, 2010).

Annie Ha (2013), a social worker, wrote a grant proposal requesting funding to develop an art therapy program for adults with developmental disabilities in California. In her proposal, Ha (2013) allotted \$30 per hour for a part-time Board Certified Art Therapist/Clinical Director, equaling \$31,200 per year, and \$4,056 for employee-related benefits. A part-time Program Manager and four Direct Service Professionals were allotted \$71,682 total. The total budget for Ha's (2013) proposal, including program expenses equaled \$121,338.

Supplies. Supplies are the consumable items needed for everyday implementation of a project or program, including office supplies, program supplies, operational supplies, etc. (Browning, 2014.) In an art therapy program, these supplies may include colored pencils, markers, crayons, paints, chalk and oil pastels, papers, canvases, and cleaning supplies. These items are routinely reordered and bought when supply amounts run low. Printer supplies and paper for documentation of artwork would also fall into this category.

Rainey (2010) requested \$1,500 for supplies and equipment from the Eugene and Marilyn Glick Foundation. However, it is unclear the amount of funding from other sources that was utilized in conjunction with the \$1,500 to also purchase supplies and equipment for the art therapy program.

Ha (2013) approximated that \$500 per month would be spent on program supplies, office supplies, and creative arts supplies, totaling approximately \$6,000 for one year.

Equipment. Equipment consists of items that can be reused several times, or over a long period of time, before needing to be replaced or replenished. Basic examples include printers, copy machines, digital cameras, computers, desks, tables, and chairs (Browning, 2014). Specific to an art therapy program, equipment such as easels, pallets, paintbrushes, plastic cups, table clothes or tarps, plastic containers for supply storage, scissors, pencil sharpeners, and locking cabinets for supply storage may be purchased. Some of these items, such as paintbrushes and plastic cups, may need to be replaced or upgraded monthly or annually.

Per Ha's (2013) proposal, \$100 per month was requested to be spent on equipment such as printers, computers, a digital camera, a television, et cetera, totaling \$1,200 per year.

Depending on what supplies and equipment an agency currently has on inventory (in-kind resources), and materials that can be used for an art therapy program serving a specific population, such as jail inmates, initial setup costs may vary depending on the site. Art therapy programs may receive in-kind contributions, such as donations or allocation of equipment and supplies, from third-parties that are not the agency or the funder (Browning, 2014). An estimated cost of the initial setup of one year's supplies and equipment for an art therapy program, as proposed by Rainey (2010) and Ha (2013), may range from \$1,500 to \$7,200. A budget of approximately \$100 per month for replenishing or replacing items will likely suffice for a small art therapy program in a county jail.

CHAPTER III

METHODS

Design

The development of a grant proposal to implement an art therapy program targeted for the mental health needs of inmates was developed. The grant proposal included a mixed-methods research design consisting of a systematic literature review and organizational interviews.

A systematic literature review was utilized to synthesize statistical information on criminology, mental health, and addictions; the benefits and uses of art and art therapy for inmates and detainees, and the grant writing process. By conducting a systematic literature review on these topics, it was hypothesized that the information could be synthesized in order to create a framework demonstrating the benefits of implementing an art therapy program for jail inmates.

Interview questions were designed for jail administrators in order to identify the needs of the agency. The interview was used to inform the researcher of the operational, fiscal, and mental health services available for the detainees at central Indiana county jails. Additional facility resources including time, space, and supplies were also examined to provide a comprehensive proposal. The Eight Evidence-Based Principles for Effective Interventions (Crime and Justice Institute, 2004) (see Appendix A) were used to structure interview questions to gather information on if/how central Indiana jails are implementing EBP interventions.

Investigational Methods and Procedures

The literature review portion of this capstone project provided information to be used in the development of the *statement of need*, the *program design/methodology*, and the *evaluation plan* sections of the grant proposal. Research articles on art therapy, arts programs, and inmate mental health were found utilizing the Google Scholar database through Indiana University Purdue University Indianapolis (IUPUI). National, state, and county statistical information was gathered through a simple internet search. A variety of search terms were used. Organized by topic, Tables B1-B7 (see Appendix B) show the search terms that were used to find the information provided in the literature review. Literature was also found using the reference lists of articles and other sources found through the Google Scholar database.

For the purpose of this research, funding agencies and foundations that support mental health services, addiction services, correctional system services, and the arts were identified.

In conjunction with information found in the literature, data was collected through organizational interviews. The interviews were designed and implemented in order to uncover pertinent information needed to inform the *adequacy of resources/key personnel*, the *organizational background and history/organization capability*, as well as the *budget* sections of the grant proposal. Prior to formal interviews with jail staff, introductory contacts via email or phone calls were made with administrators to discuss the purpose of the current study and the type of information being gathered. Mertens (2015) suggested that holding an introductory meeting is beneficial to discuss confidentiality and obtain assurance that the agency and staff members are willing to participate in the interview process.

The interviews were conducted face to face with three jail commanders and one sheriff in charge of three central Indiana county jails as a means of identifying the needs of the agency. Mertens (2015) explained that conducting multiple interviews enhances the accuracy of the data collected. Data from the interviews was collected using both a recording device and researcher notes, then were transcribed (see Appendix E). Names, job titles, and other identifying information collected through the interviews were recorded with the interviewees' permission.

Background and knowledge questions were formulated to gain objective information in order to complete the grant proposal sections mentioned above (see Appendix C). Questions were worded in an open-ended manner to encourage thorough responses from interviewees. The interviewer began the interviews by asking general questions about the agency and moved toward asking more specific questions about programming and resources. Interview questions were also developed from the Eight Evidence-Based Principles for Effective Interventions (Crime and Justice Institute, 2004) (see Appendix A).

Finally, the *executive summary/abstract* and the *sustainability statement* sections of the grant proposal were informed through the synthesis of information gathered through the literature review and interview processes. A generic grant proposal was then drafted to serve as a template for a central Indiana jail.

Data Analysis

Data was analyzed through the reading of found literature sources pertaining to the scope of this study. Literature sources that examined art therapy with incarcerated populations, inmate mental health and behavior, criminological needs, and statistical

information on these topics were included in the literature review. A literature matrix was utilized to compare literature sources in the following categories: art(s) program type, design and methodology, participants/population, and results. Data within these categories was then used to examine and synthesize the benefits of art therapy for incarcerated populations.

Data gathered from the interviews was analyzed to identify which responses informed specific sections of the grant proposal structure as outlined by Browning (2014). Results from the data was then presented in the format of a final grant proposal draft.

CHAPTER IV

RESULTS

Through researching the benefits of art therapy with incarcerated populations, grant writing structure and procedures, and through interviews with central Indiana county jail commanders, this researcher was able to acquire sufficient information to develop a generic grant proposal.

Contact Information, Methods of Communication, and Rates of Response

Table 2 (see Appendix D) shows the contact information, method of communication, and dates of contacts and interviews. From the nine central Indiana counties selected, this researcher found contact information for six, in which an email was sent to inform them about the research being done in hopes for their participation. Of the six counties contacted, all six replied to the email, three counties participated in an interview, one county declined to participate, and one county was unable to meet for an interview.

Interview Findings.

The interviews were recorded and transcribed (see Appendices E1-E3). Information gathered from the interviews is organized and summarized in Table 3 below.

Table 3

Comparison of County Jail Interview Responses

Interview Topic	Boone County	Hamilton County	Hendricks County
<p>1. Screening Procedures</p> <ul style="list-style-type: none"> a) Screening Process b) Tools used c) Screening staff 	<ul style="list-style-type: none"> a) Jail Tracker jail management system. Medical and mental health questions asked at time of booking. Full medical evaluation by medical staff usually within 3 days of booking. Currently in the process of developing mental health evaluation procedures. b) Jail Tracker jail management system used to input screening data. Unknown questionnaires. c) Correctional officer at time of booking; Medical and licensed mental health staff at time of full evaluation. 	<ul style="list-style-type: none"> a) Medical and mental health questions asked at time of booking. Full medical and mental health evaluations by medical staff and Licensed Clinical Social Worker (LCSW) within 14 days of booking, per State law. b) Unknown questionnaires. c) Correctional officer at time of booking; Medical and LCSW at time of full evaluation. 	<ul style="list-style-type: none"> a) Medical and mental health questions asked at time of booking. Full medical and mental health evaluations by medical staff and Qualified Mental Health Professionals (QMHP) within 14 days of booking, per State law. b) Unknown questionnaires. c) Correctional officer at time of booking; Medical and QMHP staff at time of full evaluation.
<p>2. Current Inmate Statistics</p> <ul style="list-style-type: none"> a) Jail population b) Percentage of inmates with mental health and/or addictions c) Special housing for mental health and/or addictions d) Offenses most commonly related to substance and/or alcohol 	<ul style="list-style-type: none"> a) 2016 daily average number of inmates: 169. 2017 estimated daily average: 190 b) Approx. 75% to 85% c) Inmates with addictions live in a Therapeutic Community, separate from the general population. d) Driving under the influence (DUI), possession of drugs or paraphernalia, theft, other property crimes. 	<ul style="list-style-type: none"> a) 387 inmates at time of interview b) Approx. 70% to 90% c) Depends on degree or level of risk for danger to self and/or others if the inmate is separated from general population or put in a special housing situation. d) Operating while intoxicated (OWI), violation of probation, possession of drugs and/or paraphernalia, resisting arrest, battery, theft, other property crimes. 	<ul style="list-style-type: none"> a) 255 inmates at time of interview b) Approx. 70% c) Inmates likely to go through withdrawal symptoms are kept separate from general population to be monitored. d) Theft, other property crimes, violation of probation.

<p>3. Current Inmate Programming</p> <p>a) Mental health and/or addiction programs</p> <p>b) Number of inmates that participate or attend programs</p> <p>c) Mental health staff credentials</p> <p>d) Gaps in services</p>	<p>a) Proactive Resource (drug program), Alcoholics Anonymous, Celebrate Recovery, Vivitrol program, Group therapy through InWell.</p> <p>b) Proactive Resource Program <i>Men:</i> 25 to 30 <i>Women:</i> 8 to 10</p> <p>c) Licensed clinicians; work for InWell, Cummins, Aspire.</p> <p>d) Lacking a partnership with mental health and addiction service providers post-release.</p>	<p>a) Group therapy addictions class with LCSW, Vivitrol program. Plans to increase programming through contract with Aspire.</p> <p>b) Group therapy addictions class – 4 groups of 10 <i>Men:</i> 10 minimum security, 10 medium security <i>Women:</i> 10 minimum security, 10 medium security</p> <p>c) Licensed clinicians; work for Advanced Correctional Healthcare, Aspire.</p> <p>d) Previously lacking a partnership with mental health and addiction services providers post-release. In process of starting a collaboration with Aspire to fill this gap in services.</p>	<p>a) Partners in Recovery (substance abuse program) through Cummins and Hendricks Community Hospitals, Alcoholics Anonymous, Narcotics Anonymous. Individual sessions with QMHPs offered through Department of Child Services (DCS) or Sheltering Wings (domestic violence victim advocates) if needed.</p> <p>b) Unknown</p> <p>c) QMHPs; Licensed clinicians through Cummins.</p> <p>d) Lack of space and staff training to meet the needs of severely mentally ill inmates.</p>
<p>4. Recidivism</p> <p>a) Systems and/or databases used to track rates of recidivism</p>	<p>a) Jail Tracker; only tracks those that have been booked in Boone County. Current recidivism rate is 79.2% vs. national average of 64%.</p>	<p>a) None</p>	<p>a) Jail Tracker</p>
<p>5. Grants/Funding</p> <p>a) Applied for grant or funding for program development</p> <p>i. Type of grant</p> <p>ii. Grant application process</p>	<p>a) Yes; Applied for a grant through Recovery Works.</p> <p>i. Program development grant to bring community mental health services to the jail provided by InWell.</p> <p>ii. Sheriff wrote and submitted grant proposal to Recovery Works.</p>	<p>a) Yes; Applied for the ‘Skill UP Indiana!’ grant in collaboration with WorkOne to receive funding from Indiana Department of Workforce Development (DWD).</p> <p>i. Program development grant for a mentorship/transition-to-work program.</p>	<p>a) Yes; Applied for a grant through Recovery Works.</p> <p>i. Program development grant that provides mental health and addiction treatment services to inmates that are 30-days from release and continue post-release.</p>

<p>6. Creative Programs</p> <p>a) Past creative or artistic programs</p> <p>b) Resources available to support an art therapy program</p> <p>i. Space</p> <p>ii. Equipment</p> <p>iii. Material storage</p> <p>c) Art material safety</p>	<p>a) None</p> <p>b) Limited</p> <p>i. Triangular room – approx. 10’x20’x15’</p> <p>ii. Tables and chairs</p> <p>iii. None; storage would need to be portable.</p> <p>c) <u>Avoid:</u> scissors, blades, staples, bound magazines. <u>With supervision:</u> flexible drawing materials and paintbrushes for higher-risk inmates. Regular markers and colored pencils for low-risk inmates. Non-toxic materials for all inmates. All artwork and supplies must stay with staff.</p>	<p>ii. G.E.D. teacher collaborated with grant writers at WorkOne and submitted to DWD. Received funding for two years of programming.</p> <p>a) None</p> <p>b) Sufficient</p> <p>i. Three classrooms in main facility – approx. 22’x20’ each. Seven classrooms in adjacent facility – room sizes similar to main facility’s classrooms.</p> <p>ii. Tables and chairs</p> <p>iii. Jail would purchase locking cabinets if needed.</p> <p>c) <u>Avoid:</u> X-Acto knives, blades. <u>With Supervision:</u> scissors, regular markers and colored pencils for minimum/medium security inmates. Non-toxic materials for all inmates. All artwork and supplies must stay with staff.</p>	<p>ii. Sheriff wrote and submitted grant proposal to Recovery Works.</p> <p>a) None</p> <p>b) Limited</p> <p>i. One large recreation space in gymnasium and one classroom approx. 11’x15’.</p> <p>ii. Tables and chairs</p> <p>iii. Locked storage room shared with AA and NA materials.</p> <p>c) <u>Avoid:</u> Materials with metal, scissors, blades. <u>With supervision:</u> flexible drawing materials and paintbrushes for higher-risk inmates. Regular markers and colored pencils for low-risk inmates. Non-toxic materials for all inmates. All artwork and supplies must stay with staff.</p>
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Generic Grant Proposal

Executive summary. Currently, there are no art therapy programs in central Indiana that address the mental health needs of inmates in county jails. It is estimated that approximately 70% of inmates in Indiana demonstrate a need for mental health and/or addiction services, while only a small number actually receive such services due to lack of funding (Frazee, 2015). Arts and art therapy programs, in conjunction with other treatment programs, have been found to be effective in improving affect and demeanor within the correctional setting (Johnson, 2007; Gussak, 2009). An art therapy program that utilizes Evidence-Based Practices such as Cognitive-Behavioral and Motivational Interviewing techniques can address the mental health needs of inmates, which will in-turn, reduce recidivism.

Statement of need. Due to House Enrolled Act 1006 (HEA 1006), changes in Indiana's sentencing laws were established in 2014. HEA 1006 was enacted to reduce Indiana's prison overpopulation by requiring non-violent and low-level offenders to serve their sentences in local communities such as county jails. As a result of the reform, approximately 14,000 prison inmates who meet criteria with non-violent and low-level offenses, are being sent to complete their sentences in county jails across Indiana. Many of these inmates have current mental health and addiction problems and would no longer be receiving services to meet their needs once placed in to county jails. With Indiana county jails now holding inmates for longer periods of time, more services are necessary to meet the needs of inmates with mental illness and/or addictions.

One type of service that has shown to be effective in meeting the needs mental health and addiction needs of inmates in other correctional settings is art therapy. Art therapy can be practiced in a broad-range of clinical and community settings, and with a diverse client population and is defined by The American Art Therapy Association (AATA, 2013) as:

“a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.”

Art therapy can serve many purposes for inmates as well as for the institution itself. Gussak (1997a; 2007) found eight advantages of art therapy and art making in a correctional setting in which he concisely outlined:

1. Art is helpful in the [correctional] environment, given the disabilities extant in this population, contributed to by organicity, a low educational level, illiteracy, and other obstacles to verbal communication and cognitive development.
2. Art allows the expression of complex material in a simpler manner.
3. Art does not require that the inmate and/or client know, admit, or discuss what he has disclosed. The environment is dangerous, and any unintended disclosure can be threatening.
4. Art promotes disclosure, even while the inmate and/or client is not compelled to discuss feelings and ideas that might leave him vulnerable.

5. Art has the advantage of bypassing unconscious and conscious defenses, including pervasive dishonesty.
6. Art can diminish pathological symptoms without verbal interpretation.
7. Art supports creative activity in prison and provides necessary diversion and emotional escape.
8. Art permits the inmate and/or client to express himself in a manner acceptable to the inside and outside culture. (p. 446)

In addition to these eight advantages, art therapy can provide treatment for a variety of mental illnesses including substance abuse and addiction, trauma, self-injurious behaviors, grief and loss, and can also help assimilate inmates to incarceration in a healthy manner (Johnson, 2008). Art therapy and art making can be utilized as an additional means of assessing inmate psychological states. Hanes (2008) found that the Road Drawing directive was a valuable tool in assessing for suicidality and self-harming behaviors in a county jail among a diverse inmate population due to the road's universal theme and metaphor for life. The Person Picking an Apple from a Tree (PPAT) assessment in conjunction with the Formal Elements Art Therapy Scale (FEATS) as the rating instrument, has been found useful in identifying symptoms of major depression, substance use disorders, schizophrenia, mania relating to bipolar disorder, organic mental disorders, and cognitive disabilities (Rockwell, 2006).

Art therapy is uniquely adaptable to meet the standards of evidence-based practices by utilizing Cognitive-Behavioral Therapy techniques (Rosal, 2003; Rozum & Malchiodi,

2003), and Motivational Interviewing techniques (Holt & Kaiser, 2009). Art therapy can also be a valuable supplement to traditional models of addiction treatment, such as working through the 12 Steps of Alcoholics Anonymous (Wilson, 2003).

Kornfeld (1997) identified the value in arts programs in corrections as a means for personal growth by providing therapeutic, educational, vocational, and recreational opportunities. Although, it was not specifically an art therapy program, an evaluation of the 'Arts-In-Corrections' program for the California Department of Corrections, Brewster (1983) found a positive correlation with approximately 80% fewer disciplinary reports and reduced recidivism for inmates who participated in the arts program. Riches (1994) also explained that the arts programs in California prisons were found to be therapeutic as they allowed prisoners time to express themselves in ways that avoided recriminations.

The Broward County Sheriff's Office in Florida sponsored a program in which jail inmates were encouraged to share their artwork through the annual exhibition and art sale that raised money for local charities. Overhultz (2001) reported that the arts program acted as a creative way to challenge and develop the inmates' artistic abilities while allowing inmates to develop confidence in their skills, and reduce depression associated with incarceration.

While arts programs and art making are beneficial to inmates as it allows one to express themselves freely through a creative medium, arts programs lack the therapeutic relationship between the inmate and an art therapist. An art therapist is trained to be able to help people work through problems, find creative solutions, and to reach treatment goals. With the knowledge and therapeutic backgrounds, art therapists are able to provide effective and ethical art therapy services to those they work with (Gussak, 2009).

Organizational description. [This section would be completed by jail administrators.]

Program design and methods. The art therapy program is designed to provide art therapy services that address the mental health needs, including addictions, of inmates in the [insert county] jail. Services will include individual intake and discharge assessments, individual art therapy sessions upon referral, and group art therapy sessions. The top three general inmate issues that this program aims to address are (1) mood dysregulation, (2) substance abuse and dependence, and (3) lack of positive coping skills.

Intake and discharge procedures will utilize art therapy directives such as the Road Drawing to screen for suicidality or self-injurious behaviors, and the Person Picking an Apple from a Tree (PPAT) assessment to assess for problem-solving and coping skills. These measures will be utilized in conjunction with current intake and discharge tools used at the facility.

All participants in the art therapy program must be deemed low-risk for violence and express a need for mental health services. Individual and group art therapy sessions will be offered to inmates upon referral from jail staff or a Qualified Mental Health Professional (QMHP) (see Appendix F). Art therapy groups will be formed around one of the three central issues mentioned above. Groups will be open, and meet twice per week for one hour. Group sizes may vary from four to eight members to allow for ample space, materials, and time to process the artwork.

All art therapy services utilize the Eight Evidence-Based Principles for Effective Interventions framework developed by the National Institute of Corrections in order to

improve the outcomes of inmate treatment with the goal of reducing recidivism rates due to mental health and/or addiction issues (see Appendix G). A data collection form will be utilized to collect and analyze how many and how often inmates receive art therapy services to insure effective dosages of treatment are being provided (see Appendix H). If given permission by the inmate, the art therapist will follow up with the inmate at 3 months-, 6 months-, and 12 months- post-release and fill out a follow-up form to track recidivism rates among participants of the art therapy program (see Appendix I).

Adequacy of resources. In order to develop and implement an art therapy program, a trained master's level art therapist will be employed. Other resources may include non-paid art therapy interns working towards their master's degree in art therapy to assist the art therapist in providing services to inmates and program development. The art therapy interns will work with the art therapist and QMHPs to create and implement a referral process for art therapy services, as well as receive supervision to meet art therapy and state licensure criteria.

Evaluation plan. The art therapy program aims to address, (1) mood dysregulation, (2) substance abuse and dependence, and (3) lack of positive coping skills. By addressing these three main needs, goals are to (1) reduce inmate problematic behavior in the milieu, (2) reduce the recidivism rates for those who participate in the program, and (3) increase availability of services. The art therapy program will be evaluated through the analysis of data collected on inmate attendance and follow-up forms (see Appendices H and I). Data will be collected to track and quantify the percentage of participants in programming compared to the overall population of the [insert county] jail on a monthly basis (see Appendix H). An increase in participation rates and percentage of inmates receiving services will indicate that

the art therapy program is successfully meeting the needs of the inmates. Other quantitative data will be collected as means to track recidivism rates of participants 3 months, 6 months, and 12 months post-release (see Appendix I). A decrease in recidivism rates after 3, 6, and/or 12 months of inmates' releases will also indicate that art therapy program is meeting its goal of reducing recidivism. Participant testimonials will provide qualitative data for the art therapy program to analyze.

Sustainability report. For the first year, the art therapy program staff will offer to host an exhibit of inmate artwork at a local gallery or venue. Participation for the exhibits will be open to all inmates who wish to show and sell their artwork. Further funding for the art therapy program will come from 10% of the sales of artwork created by inmates to exhibit in community spaces such as galleries. These funds will be utilized to maintain or replenish art supplies. Donations from charitable organizations or private citizens will be welcomed. The [insert county] jail will work to financially sustain the art therapy program for the inmates by seeking additional funds from local and state foundations, businesses, and individuals in the community that wish to support the creativity and the mental health of their fellow community members.

Budget narrative.

Staffing Personnel. The art therapist is a master's level clinician with a degree in art therapy. The art therapist will be employed full-time to work with inmates with mental health and/or addiction needs. The hourly rate for the art therapist is \$23.00 per hour at 40 hours per week equaling \$38,400.00 per year plus fringe benefits. Art therapy internship students will work with the art therapist and will not receive a salary or wage.

Program Expenses. [Insert site-specific program expenses dollar amounts]

In-Kind Resources. [Insert site-specific In-Kind Resources dollar amounts]

CHAPTER V

DISCUSSION

Analysis of the Grant-Writing Process

Identification of need for proposed program. The grant proposal concept arose after a discussion this researcher had with a social worker who worked with inmates at a central Indiana county jail. She identified that due to legislative changes from the House Enrolled Act 1006, more offenders were serving their sentences in county jails opposed to State or Federal prisons, leading to overpopulated jails. With more inmates spending longer sentences in county jails, the county jails would need more resources to provide treatments for the inmates suffering from mental illnesses.

Review of literature. Initial Internet searches of art therapy programs in correctional settings resulted in an abundance of information, specifically for art therapy programs within prison systems. This information proved to be useful in identifying the benefits and uses of art therapy and art programs with inmates and offenders. However, there was very few articles that identified art therapy being conducted in a county jail setting. Further, there was no information regarding any creative therapies, specifically art therapy programs, serving the county jails in Indiana. Challenges also arose when searching for information regarding specific counties and jail programs that address inmate mental health or addiction.

Information regarding statistics on criminology and substance use were plentiful. This search was helpful in order to gain in in-depth understanding of the current drug epidemic in Indiana. Addiction and mental health issues were found to be a large contributor to increasing crime rates in Indiana.

Location of potential funding sources. Grants, foundations, and funding opportunity searches were fairly successful, although locating potential funding sources for this researcher was difficult due to the researcher's lack of affiliation to a government or non-for-profit agency. Those who are affiliated with a government agency or non-for-profit may find a grant match much more easily.

The Eight Evidence-Based Principles Modified for Art Therapy

Table 4 shows each of the Eight Evidence-Based Principles, their objectives, and how the objectives can be adapted to art therapy practice with inmates.

(1.) The first principle objective, *Assess Actuarial Risks/ Needs*, is to use valid tools for ongoing screening and assessment of inmate criminogenic needs and risk factors. The objectives of this principle can be adapted and met using art therapy assessment tools such as the Road Drawing and/or PPAT to assess an inmate's current risks/needs, as well as to document any progress, and provide post data (Hanes, 2008; Kaplan, 2003).

(2.) The second principle objective, *Enhance Intrinsic Motivation*, is to use motivational interviewing (MI) techniques to enhance intrinsic motivation and to relate to inmates in an interpersonally sensitive and constructive manner. Art therapists are trained to relate to their clients in an interpersonally sensitive and constructive manner, thus could successfully fulfill this principle objective (Liebmann, 1994a). Through the use of art therapy techniques, such as The First Step Series, that coincide with the five Stages of Change that MI is built upon, the art therapist works with the inmate to increase intrinsic motivation (Holt & Kaiser, 2009).

(3.) The subprinciples within *Target Interventions* aim to prioritize high-risk inmates (*Risk Principle*), address the inmate's greatest criminological needs linked to criminal behavior (*Need Principle*), consider the inmate's individual characteristics (*Responsivity Principle*), occupy 40-70% of high-risk inmates' free time to promote pro-social structure (*Dosage Principle*), and to use cognitive-behavioral therapies (CBT) to deliver targeted and timely interventions (*Treatment Principle*).

(a.) The *Risk Principle*'s objectives can be met utilizing art therapy by engaging high-risk inmates in artmaking processes that promote pro-social skills and positive thinking styles (Brewster, 1983). This could be done in group art therapy where the art therapist models pro-social behaviors and inmates are encouraged to collaborate on artwork to practice these behaviors and skills. Positive thinking styles can be promoted through the use of self-affirmations and positive group feedback (Wisker, 1997).

(b.) The *Need Principle*'s objectives can be met by using art therapy directives to uncover and address the inmate's criminological needs and patterns of criminal behavior, whether consciously or unconsciously, that put them at risk for recidivism (Brewster, 1983).

(c.) The *Responsivity Principle*'s objectives can be met using art therapy, as art therapists are trained to consider clients' individual characteristics through a multicultural lens when providing art therapy services (Hoshino, 2003). By understanding and taking into consideration the multicultural issues of the inmates, the art therapist can better match the inmate with the proper level of care and services (Hoshino, 2003).

(d.) The *Dosage Principle*'s objectives can be met by providing art therapy services as a part of general programming to occupy 40-70% of high-risk inmates' time, adding structure and routine to their time while incarcerated.

(e.) The *Treatment Principle*'s objectives can be met using CBT techniques in art therapy to deliver targeted and timely interventions to inmates. This would encourage inmates to identify thinking styles that influence behavioral patterns that may have resulted in their incarceration (Rosal, 2001). Once thinking styles are identified, challenged, and then positively modified, thinking styles and behaviors that were once problematic are likely to transform into pro-social patterns, resulting in long-term benefits for the inmate, the victims, and the community as a whole (CJI, 2004).

(4.) The objectives of the fourth principle, *Skill Train with Directed Practice*, can be achieved by using cognitive-behavioral strategies in art therapy programming that encourage inmates to practice and develop pro-social attitudes and behaviors. An art therapist may encourage inmates to participate in group-artmaking experientials that focus on working together, building positive relationships, and relating to others in a socially acceptable manner (Rosal, 2001). The art therapist can support the development of skills by modeling, role-playing, and practicing pro-social skills through the artmaking process with the inmates (Rosal, 2001). Pro-social behaviors and attitudes may also be developed by encouraging inmates to create artwork for a particular cause, such as an art exhibit and sale in which the profits go towards their commissary funds or a local charity (Overhultz, 2001). In this case, the inmates would have a sense of purpose and improve their art skills while learning business skills which are transferable post-release.

(5.) The objectives for fifth principle, *Increase Positive Reinforcement*, can be met when the art therapist provides inmates with positive reinforcement while providing art therapy services. When pro-social skills are developed and practiced, the art therapist can increase positive reinforcement by verbally providing positive feedback (Rosal, 2001; Rozum & Malchiodi, 2003), or possibly allowing the inmates to use art materials that are not usually available, depending on the safety precautions of the facility.

(6.) The objectives of the sixth principle, *Engage Ongoing Support in Natural Communities*, can be achieved through realigning and actively engaging the inmates with pro-social supports in the communities. Group art therapy sessions with family members and other supportive members of the inmate's community may be conducted as a means to support and develop healthy relationships that the inmate can rely on during and after the reentry process back to the community (Riley & Malchiodi, 2003). Strong and healthy support systems may help the inmate from reoffending once released from incarceration (Liebmann, 1994a).

(7.) The objectives of the seventh principle, *Measure Relevant Processes/Practices*, can be met by routinely using standardized art therapy assessments such as The Road Drawing and the PPAT for assessing the inmate's change and/or progress in cognitive and developmental skills (Hanes, 2008). Documentation of these assessments, including the art therapist's notes and any other artwork produced, would then be added to the inmate's case file on a regular and reoccurring basis to ensure information is complete and up to date (Kaplan, 2003). Artwork may be digitally photographed or photocopied to ensure it is documented and filed if the original artwork is not able to be included in the inmate's case file due to size or shape.

(8.) The objectives of the eighth principle, *Provide Measurement Feedback*, can be achieved by the art therapist routinely providing feedback to inmates in a compassionate and non-judgmental manner that encourages the building of accountability, motivation for change, engagement in treatment, and creative expression throughout the course of treatment (Rosal, 2001).

Table 4

Evidence Based Principles, Principle Objectives, and Art Therapy Adapted Objectives.

Evidence-Based Principles	Principle Objectives	Art Therapy Adapted Objectives
1. Assess Actuarial Risk/Needs	1. Using valid tools for ongoing screening and assessment of inmate criminogenic needs and risk factors.	1. Using standardized art therapy assessment tools for ongoing screening and assessment of inmate criminogenic needs and risk factors. (Kaplan, 2003)
2. Enhance Intrinsic Motivation	2. Using motivational interviewing to enhance intrinsic motivation, and relating to inmates in an interpersonally sensitive and constructive manner.	2. Using motivational interviewing-based art therapy to enhance intrinsic motivation, and relating to inmates in an interpersonally sensitive and constructive manner. (Liebmann, 1994a)
3. Target Interventions a. Risk Principle b. Need Principle c. Responsivity Principle d. Dosage e. Treatment Principle	a. Prioritize high-risk inmates – greater need for pro-social skills and positive thinking styles. b. Address inmate’s greatest criminological needs linked to criminal behavior to reduce risk of recidivism. c. Consider inmate’s individual characteristics: culture, gender, motivational stages, developmental stages, learning styles, when matching inmate with services. d. Occupy 40-70% of high-risk inmates’ free time to promote pro-social structure.	a. Engage high-risk inmates in art therapy to encourage growth of pro-social skills and positive thinking styles. (Brewster, 1983) b. Address inmate’s greatest criminological needs linked to criminal behavior in art therapy to reduce risk of recidivism. (Brewster, 1983) c. Consider inmate’s individual characteristics through a multicultural lens and adapting to their needs when providing art therapy services. (Hoshino, 2003) d. Provide art therapy services as a part of general programming to occupy 40-70% of high risk inmates’ free time.

	e. Using cognitive-behavioral treatment types to deliver targeted and timely interventions to provide the greatest long-term benefits to community, victims, and inmates.	e. Using cognitive-behavioral treatment techniques in art therapy to deliver timely and targeted interventions to provide the greatest long-term benefits to community, victims, and inmates. (Rosal, 2001)
4. Skill Train with Directed Practice	4. Using evidence-based programming focused on cognitive-behavioral strategies that encourages inmates to practice and develop pro-social attitudes and behaviors.	4. Using cognitive-behavioral strategies in art therapy programming that encourages inmates to practice and develop pro-social attitudes and behaviors. (Rosal, 2001)
5. Increase Positive Reinforcement	5. Using 4:1 ratio of positive to negative reinforcements promotes positive behavioral changes in inmates.	5. Providing inmates with positive reinforcement in art therapy promoting positive behavioral changes. (Rosal, 2001; Rozum & Malchiodi, 2003)
6. Engage Ongoing Support in Natural Communities	6. Realign and actively engage pro-social supports in their communities, such as: family members, spouses, and supportive friends or co-workers.	6. Realign and actively engage pro-social supports in their communities with family members, spouses, and supportive friends or co-workers through family and/or group art therapy sessions. (Riley & Malchiodi, 2003)
7. Measure Relevant Processes/Practices	7. Routinely assess inmate's change in cognitive and skill development. Ensure accurate and detailed documentation of case information, along with formal and valid tools for measuring outcomes is in place.	7. Routinely assess inmate's change in cognitive and developmental skills through the use of standardized art therapy assessments. Ensure accurate and detailed documentation of case information, including art work and art assessments. (Kaplan, 2003)
8. Provide Measurement Feedback	8. Routinely provide feedback to inmate to build accountability, enhance motivation for change, and encourage treatment engagement.	8. Routinely provide feedback to inmates to build accountability, enhance motivation for change, encourage treatment engagement, and creative expression. (Rosal, 2001)

Note: Adapted from Crime and Justice Institute, 2004.

Implications for Community Corrections.

Information gathered through the literature review and interviews with the Jail Commanders at the Boone, Hamilton, and Hendricks County jails suggests that the implementation of an art therapy program may better serve those who are transitioning from jail back into the community. Each interviewee expressed the need for the jails and community-based mental health and addiction service providers to work together to help those transitioning back into the community. In 2014, Indiana community corrections system rate was 61% higher than the national average (NIC, n.d.).

Currently, mental health workers in the three jails that participated in this study are able to give outside referrals to the inmates, but it is up to the inmate to reach out to the service providers in the community upon release. To bridge this gap, the Hamilton County jail is currently trying to contract mental health and addiction counselors from Aspire to work with and build rapport with the inmates while incarcerated, and once released, the inmates could take advantage of the outpatient and community correctional services that Aspire provides.

Boone County has a county tax levy through the Mental Health Association of America, which funds Aspire to provide mental health services for the underprivileged, but none of these services were being provided to inmates in the Boone County jail. Recently, the sheriff requested that a portion of the funding generated through the tax levy be allocated to the jail to bring mental health services to the inmates. At the time of the interview with the jail commander and sheriff in Boone County, the jail was starting the process of hiring and training mental health professionals from Aspire to deliver services to the inmates while

incarcerated. Similar to Hamilton County, the hopes are to bridge the gap in services between incarceration and post-release for the inmates.

In this situation, it may be astute that one offers a grant proposal to a third-party agency, such as Aspire, to employ an art therapist whom can work through a preexisting contract at a county jail in order to implement an art therapy program, rather than the county jail employing an art therapist of their own.

CHAPTER VI

CONCLUSIONS & RECOMMENDATIONS

The drafting of a grant proposal to develop an art therapy program that addresses inmate mental health in central Indiana county jails was proposed. A mixed-methods research design, consisting of a systematic literature review and interviews with jail commanders, was utilized to collect data that informed specific sections of the drafted grant proposal. It was hypothesized that through a mixed methods approach comprised of a literature review and interviews with jail commanders, a generic grant proposal could be developed that could be used by a central Indiana county jail in which they could submit to obtain funds to implement an art therapy program to further address the mental health needs of the inmates.

Limitations and Delimitations

Limitations. Due to the lack of contact information, lack of response, or lack of participation, this study was limited to researching and conducting interviews at three county jails in central Indiana. A larger participation rate may have provided more in-depth information regarding inmate needs, jail resources, and funding opportunities.

Delimitations. This study was limited to counties in central Indiana, specifically to the counties adjacent to Marion County, where Indianapolis, the Indiana State capital is located. The decision to limit the study to these counties was in part due to the location of the researcher, as well as the fact that these counties have larger populations due to the proximity to Indianapolis.

Recommendations

Recommendations for future research may include developing a generic grant proposal for an art therapy program in any correctional setting, including third-party mental health agencies, community corrections, or state prisons, which then may be customized by administrators in other correctional facilities. This would generate a more universal proposal that other correctional facilities within Indiana could utilize in order to apply for grant funding.

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Appendix A: The Eight Evidence-Based Principles

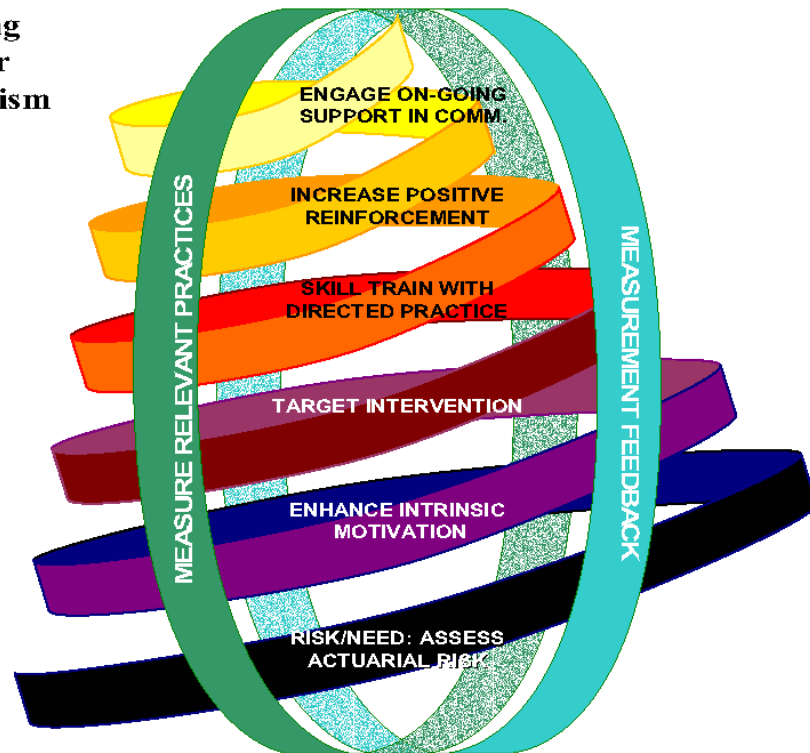
**Eight Guiding
Principles for
Risk/Recidivism
Reduction**

Figure 1. The Eight-Guiding Principles for Risk/Recidivism Reduction, also referred to as 'The Eight Evidence-Based Principles for Effective Interventions' (Crime and Justice Institute, 2004).

**Figure also referenced on page 16.*

Appendix B: Search Terms

Table B1

Search Terms and Phrases for Regional Correctional Statistics

Regional Term	Correctional Term	Statistical Term
National	Correction*	Statistics
National	Jail	Statistics
National	Incarcerat*	Statistics
Indiana	Correction*	Statistics
Indiana	Jail	Statistics
Indiana	Incarcerat*	Statistics
Boone County	Correction*	Statistics
Boone County	Jail	Statistics
Boone County	Incarcerat*	Statistics
Hamilton County	Correction*	Statistics
Hamilton County	Jail	Statistics
Hamilton County	Incarcerat*	Statistics
Hendricks County	Correction*	Statistics
Hendricks County	Jail	Statistics
Hendricks County	Incarcerat*	Statistics

Table B2

Search Terms and Phrases for Regional Correctional Programs

Regional Term	Correctional Term	Program Term
National	Correction*	Program*
National	Jail	Program*
National	Incarcerat*	Program*
Indiana	Correction*	Program*
Indiana	Jail	Program*
Indiana	Incarcerat*	Program*
Boone County	Correction*	Program*
Boone County	Jail	Program*
Boone County	Incarcerat*	Program*
Hamilton County	Correction*	Program*
Hamilton County	Jail	Program*
Hamilton County	Incarcerat*	Program*
Hendricks County	Correction*	Program*
Hendricks County	Jail	Program*
Hendricks County	Incarcerat*	Program*

Table B3

Search Terms and Phrases for Regional Corrections and Mental Health

Regional Term	Correctional Term	Mental Health Term
Indiana	Correction*	Mental Health
Indiana	Correction*	Mental Illness
Indiana	Correction*	Addict*
Indiana	Jail	Mental Health
Indiana	Jail	Mental Illness
Indiana	Jail	Addict*
Boone County	Correction*	Mental Health
Boone County	Correction*	Mental Illness
Boone County	Correction*	Addict*
Boone County	Jail	Mental Health
Boone County	Jail	Mental Illness
Boone County	Jail	Addict*
Hamilton County	Correction*	Mental Health
Hamilton County	Correction*	Mental Illness
Hamilton County	Correction*	Addict*
Hamilton County	Jail	Mental Health
Hamilton County	Jail	Mental Illness
Hamilton County	Jail	Addict*

Hendricks County	Correction*	Mental Health
Hendricks County	Correction*	Mental Illness
Hendricks County	Correction*	Addict*
Hendricks County	Jail	Mental Health
Hendricks County	Jail	Mental Illness
Hendricks County	Jail	Addict*

Table B4

Search Terms and Phrases for Mental Health Correctional Programs

Mental Health Term	Correctional Term	Program Term
Mental Health	Correction*	Program*
Mental Health	Jail	Program*
Mental Health	Incarcerat*	Program*
Mental Health	Inmate*	Program*
Mental Illness	Correction*	Program*
Mental Illness	Jail	Program*
Mental Illness	Incarcerat*	Program*
Mental Illness	Inmate*	Program*
Addict*	Correction*	Program*
Addict*	Jail	Program*
Addict*	Incarcerat*	Program*
Addict*	Inmate*	Program*

Table B5

Search Terms and Phrases for Mental Health and Criminal Statistics

Mental Health Term	Criminal Term	Statistical Term
Mental Health	Correction*	Statistics
Mental Health	Jail	Statistics
Mental Health	Incarcerat*	Statistics
Mental Health	Crime*	Statistics
Mental Health	Arrest*	Statistics
Mental Illness	Correction*	Statistics
Mental Illness	Jail	Statistics
Mental Illness	Incarcerat*	Statistics
Mental Illness	Crime*	Statistics
Mental Illness	Arrest*	Statistics
Addict*	Correction*	Statistics
Addict*	Jail	Statistics
Addict*	Incarerat*	Statistics
Addict*	Crime*	Statistics
Addict*	Arrest*	Statistics

Table B6

Search Terms and Phrases for Art Therapy Programs in Corrections

Art Therapy Term	Program Term	Correctional Term
Art*	Program*	Correction*
Art*	Program*	Jail
Art*	Program*	Prison
Art*	Program*	Incarcerat*
Art in	-	Correction*
Art in	-	Jail
Art in	-	Prison
Art in	-	Incarerat*
Art Therapy	Program*	Correction*
Art Therapy	Program*	Jail
Art Therapy	Program*	Prison
Art Therapy	Program	Incarerat*

Table B7

Search Terms and Phrases for Grant Writing for Program Development in Corrections

Grant Term	Program Term	Correctional Term
Grant Writing	Art Therapy	Correction*
Grant Writing	Program*	Correction*
Grant Writing	Art Therapy	Jail
Grant Writing	Program*	Jail
Grant Writing	Art Therapy	-
Grant Writing	Program*	-
Grant*	Art Therapy	Correction*
Grant*	Program*	Correction*
Grant*	Art Therapy	Jail
Grant*	Program*	Jail
Grant*	Art Therapy	-
Grant*	Program*	-

Appendix C: Sample Interview Questions

1. Intake Screening Procedures

- a. How are mental health and addictions being screened for?
- b. What tools and measures are used for screening?
- c. Who screens the inmates?

2. Current Inmate Statistics

- a. Currently, how many inmates is the _____ County jail holding?
- b. How many, or what percentage of, inmates present with mental health or addictions?
- c. Are those with mental health issues or addictions separated from the general population?
- d. What types of offenses are most commonly substance and/or alcohol related?

3. Current Inmate Programing

- a. What mental health and addiction services or programs are currently available for inmates?
- b. How many inmates actually attend/participate in those services?
- c. What are the mental health and addiction staff/volunteers' qualifications and credentials?
- d. Is there a gap in services currently offered to inmates?

4. Recidivism

- a. What system or databases are being used to track recidivism rates?

5. Grants/Funding

- a. Has the ____ County jail ever sought out or applied for grant money specifically for program development?
 - i. If so, what type of grant was applied for?
 - ii. How did the jail apply for the grant?

6. Creative Programs

- a. Has there ever been a creative or artistic program at the ____ County jail before?
- b. What resources are available at the ____ County jail that could support an art therapy program?
 - i. Space?
 - ii. Equipment?
 - iii. Material storage?
- c. What type of art materials would inmates not be allowed to use, or should be avoided?

Appendix D: County Jail Contacts, Methods of Communication, and Response Rates

Table 2

County Jail Contacts, Methods of Communication, and Response Rates

County	Contact Name/Position	Method of Communication	Date of Initial Contact	Response Date	Interview Date
Boone	Sheriff	Email	1/31/17	3/5/17	3/10/17
	Jail Commander	Email	2/17/17	2/17/17	3/10/17
Hamilton	Sheriff	Email	2/17/17	-	-
	Jail Commander	Email	2/17/17	2/22/17	2/27/17
Hancock	Sheriff	Email	2/17/17	-	-
	Jail Commander	Email	2/17/17	-	-
Hendricks	Sheriff	Email	2/17/17	-	-
	Jail Commander	Email	2/17/17	2/17/17	2/23/17
Johnson	Sheriff	Email	2/17/17	2/21/17	Declined
	Jail Commander	Email	2/17/17	-	-
Madison	Sheriff	Email	2/17/17	2/17/17	-
	Jail Commander	Email	2/17/17	-	-
Marion	Sheriff	*	-	-	-
	Commander	*	-	-	-
Morgan	Sheriff*	*	-	-	-
	Jail Commander	*	-	-	-
Shelby	Sheriff*	*	-	-	-
	Jail Commander*	*	-	-	-

* *Information not available*

Appendix E: Transcriptions of Interviews

Appendix E1: Interview with Jail Commander at Hendricks County Jail

Interviewer: Researcher

Participant: Jail Commander of Hendricks Co. Jail

Interview Setting: Interview conducted in office Jail Commander's office in the Hendricks County Jail building. The interview was conducted at 10:00 am on Wednesday, February 23rd, 2017.

(Start of Interview)

Interviewer: From the research that I have done so far, I understand that many inmates have mental health or addictions issues...

Jail Commander: Yes, about 70%

Interviewer: How are mental health and addictions being screened for at the Hendricks County jail?

Jail Commander: All persons that are brought into the facility at intake are asked a series of screening questions. We screen for a series of medical questions that would relate to, you know "are you currently using or do you have a substance abuse problem" as well as mental health concerns or issues. You know, "Are you liable to go through any withdrawal symptoms? When's the last time you used? What did you use last?" And then the mental illness portion of it, a lot of the officers that are on scene will report to corrections officers if the persons is suicidal, if the person has made any statements of self-harm, and then like I said, the initial booking staff will ask, "Do you suffer from any type of mental illness? Do consider yourself to be a violent person?" Then, within 14 days of intake of everyone being here, we have a full-time doctor and nursing staff as well as— they call them a QMHP—a Qualified Mental Health Professional that works here, that has to do an initial meeting with every inmate. And that's, again, to check to see if there's any physical health conditions or concerns as well as mental health concerns. Then if they report that they do have an addiction issue, most of them will, of course, tell us that they're going to go through withdrawals. Those persons are kept separate and we monitor them. Basically, our job here at the jail is to get these people sober. We get them through the withdrawal process, if they stay with us for any likes of time. Now, if they are able to post bond, unfortunately they go right back out to the street, right back into the same environment that they were in before, but we have AA classes they can do as well as NA classes.

Interviewer: That answers another one my questions...And how often do those classes meet?

Jail Commander: Once a week. AA classes for the men and then women are on Thursdays once a week, and then the NA class Wednesday evening once a week. Both of those usually have study guides, or books, or literature for them to kind of do some self-work.

Interviewer: I'll go back to what you were saying, that 70% of the people that come here, you'd say meet criteria for an addiction or some type of mental illness...

Jail Commander: Yes, and what we usually see of that seventy-percent... Just to give you a little background about me, I start working in the Sheriff's Department in 1989, so I've been here for some 20 plus years. One of the things that we see is, most generally, it's self-medicating. They don't know they have an underlying problem. All they know is, "I feel better when I drink," or, "I feel better when I take the substance to offset the feelings that I'm going through."

Interviewer: What types of crimes are committed that are related to abuse of alcohol or other substances?

Jail Commander: Well, our top ten offenses, one of them, of course, is theft. And most generally, it's property crimes – theft to sell something, to get something quickly so that "I can get money to get my drugs or get money to support my alcohol." And the recidivism rate, unfortunately, the ones who are not successful and able to stop their addiction recommit either a new crime for theft or a new crime like getting a dirty drug screen and they end up coming back to jail.

Interviewer: Does the jail have a system or a database that tracks the progress of inmates when they're going through those programs, and is there a way to track rates of recidivism?

Jail Commander: Yes, the program that we use here is a jail management software and it is called Jail Tracker. We do track every inmate that participates in the program. The one piece that I am working really hard with my AA and NA group is once they are released from the facility we are trying to get that handshake, basically "here, I'm going to hand him off to you, now this is where you can go," and so we started Partners in Recovery. We just kicked that off this year and that's with Cummins Mental Health and Behavioral Services as well as Hendricks Community Hospitals. These are seven different stakeholders that have said, "Okay, we want to see what is working and what isn't working and, again, where is that hand-off?" So, we do Medicaid enrollment now so anyone that is 30 days from being released from this facility, if they qualify, we will and enroll them in HIP 2.0 (Medicaid insurance plan). Now, once they're released from the facility I can get them a referral if they have an addiction problem where they can actually go get Vivitrol or some kind of medication to help ease that craving for the drug, either through Cummins—they have the doctors over there—or through some halfway homes that we have partnerships with. So, we are just starting to track and measure what that success rate is. I don't have any historical data

on that in the past because that wasn't the priority. The priority in corrections and law enforcement was, "to get you in here, take care of you until it was time for you to be not our problem anymore." I hate to say that but unfortunately that was kind of the old philosophy. And now it's more of, "Okay, what can we do to stop them from coming back?" So, hopefully maybe next year, check back with me and we'll have some success rate figures.

Interviewer: Right now, are there any gaps in services offered at the Hendricks County Jail?

Jail Commander: Yes and no. The truly mentally ill...I'm an advocate for it because over the course of my career I have seen what immediate results can be achieved by a person with a true mental illness, such as schizophrenia or someone with a bipolar depressive disorder, the benefits of getting them on the right medication and right treatment. A lot of times, is very difficult to identify because we have nowhere to take them. There are no more state hospitals. The state hospitals that *are* functioning have limited bed space. What we generally see happen from a law enforcement standpoint, is mom and dad are trying to take care of a son or daughter that has a severe mental disorder. It gets to the point where our daughter can't either afford the medication or they feel like, "Oh, I don't need it." The true mentally ill are not going to come and be like, "Oh my god, I'm bipolar. I need medication." They're the ones that are going, "Nope. I don't need anything. I'm good," yet they're catatonic, they're violent, they're showing other symptoms. So, they usually end up getting in trouble with the law, and thank goodness, the road officers are doing a lot more training recognizing, "Okay, this guy is not violent. There is something else going on. He (citizen) has some type of mental disorder and he's smoked Spice—which is the *worst*—or, you know, has done something that has triggered, or caused this to flare up." The problem is, once they get into our jail and we identify it, we notify the court. I'll say, "Hey, my mental health doctor says this guy does not need to be in jail. He needs to be in a state hospital." The evaluation process, the court orders, everything that you need to get that person out of this facility and into true treatment facility can takes six months. So, for six months, that person is here in jail and the jail officers, the deputies that I have—we are not medical professionals. We are not trained to deal with the type of behaviors that we see...the violence, the catatonic states, not wanting to eat—we call them poop smearers, the ones that are playing in the feces—eating their feces, trying to determine if it's a behavioral issue, is it, you know, what's going on? That's critical for us because we have to take care of them. We can't let them deteriorate and we can't let anything happen to them. I have been able to get forced injections, again, that process is *very* lengthy. But usually within getting that medication on board, a week or two they'll come back and they will remember—they won't remember what they were doing, but they'll remember the people and they'll apologize and say, "I don't really remember what happened. I don't really know why I'm here." So, those are the heartbreaking, the ones with a true mental illness, and we average, we see probably 3 to 4 a quarter, where they have a true mental illness that they need commitment, and that's usually where they end up going. They usually end up getting into Logansport or wanted to state hospitals but that's only when bed spaces are available. We are one of 91 jails in the state of Indiana, and unfortunately the bed space and the staff... a lot of the mental health providers that I talk to say that there just isn't enough staff to deal with the problem. *Big* gap [Laughing]...but we're working on it.

Interviewer: Has there ever been a creative program at the Hendricks County Jail before?

Jail Commander: Well, it is interesting that you bring this up. I actually am an Advanced Jail Officer Instructor for the Indiana Sheriffs Association, and one of the things that I teach to the other correctional officers and jail commanders and jail staff is the need for kind of thinking outside the box. You've got a community of people in here that you have to figure out how to connect with them, how to wake them out that—they're kind of lethargic. They only know what they know. They don't know how to deal with the emotions. They don't know how to deal with family circumstances, situations, addictions. You know, it's finding that little creative piece, or that partnership with someone else, that clicks [snaps fingers] to kind of divert them. So, I know Rikers Island and a couple of other facilities have tried yoga programs or tried meditation. There's a whole push to try to, you know, get them to snap out of it. The biggest complaint I always hear from my people when the going out the door is, "I'm going right back into that environment that I was in before. I'm going right back in with my friends that do drugs. I'm going right back into my uncle that drinks. I don't have an education. I don't know how to get—I don't know anything else." What we're trying here, and we're getting ready to implement it, is— [Reaches for iPad on desk] technology is a beautiful thing, I love technology—but we have these little tablets. This is our law library for the inmates [Pointing to iPad screen]. It's a normal tablet just like what you would buy for home, but it's ruggedized, because believe it or not, inmates will take everything apart—someone will try to disassemble this and make something else out of it—but, the new program that we are trying to implement is basically a system of rewards. Upstairs in the cellblock—I'll give you a quick tour before you get out of here so you can kind of see what I'm dealing with—they have nothing to do. They sit up there in their cells 24/7 and just try to irritate each other or try to irritate my staff. I got with the computer programming company and said, "Look, there ought to be a way, since you guys have made these tablets"—and I take this to their cell and they do their phone calls, they do their commissary, their visits and everything by Skype on the tablets now, which is pretty cool. We are one of the pilot jails, because I'm like you (interviewer), I want to try—I don't want them to come back. "Go, get out there and do something," because a lot of them when you talk to them, they're people that have just made mistakes or, again, were just predisposed—I've had their mother, their aunt, their sister, their dad, their brother, their nephew—you know, it's just like, "Wait a minute, you're related to so-and-so that was here in 1989." But we are going to try a test program where this tablet will have classes and courses for behavioral, like 'how to balance my checkbook', 'how do I manage my money.' Just simple, little things like that. G.E.D. programs— "Maybe I want to get my G.E.D. and maybe I need to take math." Well, we'll have all kinds of reading, math, and they've got a whole list of different things they're going to put on there, "but before I can get to what I really want, which is movies..."—it's (the tablet) going to have music and movies on it, which is the one thing that they ask the most for— "...so if I'm laying in my bunk and I have to take this test, but if it gives me credits, if I take this class I get two hours of credits to listen to music"—I think they're going to do it, so we're going to try it in my maximum—the *max max* (super maximum) cell block, my worst-of-the-worst, my frequent fliers—the ones that always come back constantly. It'll have some life skills, you know, like

parenting classes, things like that on it. And we're going to see – we're going to *see*, because *why not* try something new? Thinking about, you know, again, how do I manage my (inmates)... art therapy - which I think is absolutely wonderful because they're very creative, but with something like that (art therapy), I could where, again, if it calms the population, if it – you know, I've often thought about...have you ever done those painting parties? [Asking interviewer]

I: Yeah.

P: ...Yeah, okay, well, why not? Why not try that in here? If you're (inmate) good, keep your cell clean, you don't get in any fights, you follow the rules... why not give them 30 minutes a day to do an art therapy program where they can showcase – give them a little talent. I hate to say it, but some of these guys are the best tattoo artists I've ever seen on the planet. And I think, maybe you can turn that into a profession, I don't know. Maybe you could also turn it into auto detailing or something else, but you know, most of the programs you have to have a system in the facility – and this is where it gets challenging – if you want to implement a program in a jail setting, you have to worry about 'keep apart's'(inmates that do not get along) and 'keep separates'(inmates that must be separated from the general population). So, the ones that can't get along, which most jails track that—we know who we can't put in the same class together—and there has to be, just like a child, a system of expectation and rewards. So, again, if you (inmate) keep your cell clean, you come in for cell inspections and there's not toothpaste and toilet paper thrown everywhere, you're not drawing on the wall, you're snapping to at chow time, you're coming to the line for head count, you're not a disciplinary problem, then once a week you get to go to programming that is not AA or NA. Some of those guys just can't get along with anybody, so we just do what we have to with those individuals, and the women too.

Interviewer: Do any of the inmates get individual counseling?

Jail Commander: Yes, Tuesdays and Thursdays, my mental health professional comes in, his name is ____, and the inmates will schedule with him one-on-one sessions. Same thing with DCS—Department of Child Services—they come in and they will meet with them one-on-one, and of course we have a couple of chaplains, ministers, and Sheltering Wings was coming over and working with the women a little bit on domestic battery and violence in the home.

Interviewer: For these programs, did the jail have to apply for grants?

Jail Commander: Right now, we haven't had to. We use in-house staff or volunteers. Now, if there is a cost associate with it, there are some grants available through the Department of Corrections, the DOC.

Interviewer: Has the jail ever had to apply for those grants?

Jail Commander: No. We've been very fortunate to, like I said, the vender that does our inmate phone system, they're the ones that are going to come up with this tablet system for us.

Interviewer: So, the jail doesn't have any outside parties or third parties?

Jail Commander: No. [Pause] Well, I take that back, Recovery Works is funded by grants and the Sheriff did apply for that through the state. That's our newest one. That the one we just started working on.

Interviewer: For a hypothetical art therapy program that helped the inmates with mental health and addictions issues, what resources does the jail have? Do you have rooms, space, tables, chairs, etcetera?

Jail Commander: Each jail is going to be a little bit different and that is where you're probably going to get a pushback from some of your—because you'd have to establish your qualifications. Who qualifies? Are you going to send your, you know, *max* max inmates, or is it just going to be your low-level non-violent criminals, because that will dictate *what* they are allowed or can have for doing it (making art). I think that if your canvas, or whatever you're working with is no bigger than 8.5" by 11" sheet of paper, your jails probably wouldn't give any pushback on that—I wouldn't give any pushback on that. And then your paint supplies, your paint brushes or pencils and pens, anything like that is so dangerous in a jail setting. They're able to make—I'll show you some of the stuff they're able to make, weapons wise. You wouldn't want anything, and I know it'll probably be hard, but you wouldn't want a paint brush any larger than maybe two or three inches. Something, that if it is used, you know, if I (hypothetical inmate) get upstairs and I get mad or I write a letter, and I know you're (another hypothetical inmate) in art therapy, so I'm going to go to art therapy and that's where I'm going to stick you. [Makes poking motion; Laughing]

Interviewer: That actually brings me to my next question, are there any materials that could definitely *not* be used, for example, like scissors?

Jail Commander: Oh, no scissors. Yeah. No metal, definitely no metal. And like I said, I don't know what kind of canvases are out there but—and it would be something that, unfortunately, it wouldn't be something that they could take back to their cell and keep whatever it is they're making. So, from a therapy standpoint, you know, getting them to explore the colors—coloring, that's all the rage right now! Have you seen all that popping up everywhere?

Interviewer: Oh, yes.

Jail Commander: If the program was probably geared towards, you know, “we're going to make things for kids in a homeless shelter”, or, I don't know, there's probably nursing homes—“I hope you feel better,” you know, or something like that. “Think of you.” Something that they're doing that they know, “You're not going to keep it. We're going to collect it and we're going to take it and give it to someone else.” That type of program, I would probably be like all about. It'd be like, “Oh good, that's good.”

Interviewer: So, like an art, not necessarily art therapy, but like an arts program that helps the community?

Jail Commander: Yeah, it would probably need to be a component of that. Not only are they getting to, you know, again, life inside of a jail or prison is very colorless. It's very...institutional. That's the best word I can come up with. So, getting to express my (inmates') thoughts and my feelings—because they're not allowed to, which they do anyway but aren't supposed to—color on the walls, you know, they can have colored pencils—I sell those, they're the short little stubby pencils. And again, as long as you have a good accountability, you know, when you're running or operating the program, “Nope, sorry, you have to give me one before I give you the blue one.” [Laughing] Or, watercolors. I know the prisons are using watercolors. I think they're selling watercolors like we had in school, you know the white plastic with a little bit of paint, then you just get a plastic bendy paintbrush. One of the gentleman came from the DOC had it, and I was like, “What is this?” and he said, “I bought it on commissary. They let me have it.” And it's a flexible paintbrush, so it may exist. Those things may exist out there somewhere...

Interviewer: Oh, that's interesting. That's really cool.

Jail Commander: ...and they just let him use like copier paper, is what this gentleman said he was using to do watercolors. And again, you have worry about them eating everything, too. You can't put hand sanitizer—we used to put hand sanitizer on the walls in the rooms and spaces that they use, and I'll show you a couple of the places that we do our programming—because they would drink it. They'd take it off the wall and drink it or eat it. So, you want non-toxic paint, or whatever supplies, make sure they're non-toxic, and not lead-based. [Laughing]

Interviewer: So, definitely no oil paints, because those can be pretty toxic.

Jail Commander: Yeah, no oils. But watercolors would be good to explore with, and like I said, we do let them buy colored crayons and pencils and we're...exploring those books where they can...[Pause]

Interviewer: The coloring books?

Jail Commander: Yeah, crazy stuff.

Interviewer: Those books are fun. A lot of people enjoy those coloring books.

Jail Commander: Yeah, just something to help “take my mind off of where I'm at right now.”

Interviewer: Exactly. Does the jail have a room, or...

Jail Commander: We have a—I'll show you upstairs, we have a great big—it's an indoor recreation room. That's where we usually do a lot of our programming, because it's a big large space. And when AA or NA in there, we just move tables and chairs in there for them. Or if it's, depending on who the offenders are, we just have them sit on mats on the floor because we're afraid to give them furniture. So, we kind of work around, again, the program and the type of offender that qualifies or is in that program. I think you'd kind of want to drill

down specifically, you know, on your target group, or who you're trying to work with. You get a lot of social disorders in jail. The ones that are—I don't want to say Asperger's, but maybe a little Asperger's—just not social. But yes, we have space that would accommodate something similar to this.

Interviewer: Okay, do you guys also have cabinets or a safe space to put supplies that won't interfere with the other programs?

Jail Commander: Most generally, we have—the books for AA and NA and the other programs—the officer that is present—we always have an officer present when programming is going on—just collects all of it and the end of the day and we lock it in a storage room.

Interviewer: If the Hendricks County jail wanted to do an art therapy program, what qualifications would a person have to meet to attend the program?

Jail Commander: I would say, initially, we would probably do it similarly as the AA program. Here, I can print out the questions for you, so you can kind of see what we're asking for. [Pause; Typing on computer] Again, in order to qualify, they cannot have a 'keep separate' or a 'keep apart', in other words, if they are on a case together and the prosecutor says, "keep them apart," or if, "I just don't like you" and they got in a fight in here, then they cannot attend programming, of course. And like for AA, they must have an alcohol-related offense to qualify, or be able to tell me, "I've been an alcoholic for 10-15 years." [Pointing to AA form] This is kind of how we screen too, to see what their social history is, so you'll see all that information on there as well. So, I guess what I would want to see in kind of coming up with, okay "Who are we targeting," or, "Who are we going to ask to see wants to participate?" I would need to know what benefit the therapy program—who and what are you trying to target? Just calming, dealing with emotions, or working with persons with anger issues? I guess I'd just have to work with you—because that's kind of what I did with the AA guys—and talk about it, because otherwise, all 264 inmates that are here today are going to go, "I want to go! I want out of my cell! Can I go?!" So, again, you'd want to know your target. Who are you trying to drill down to? Who's going to get the most benefit? And if it turns out, that everyone could benefit from it, then maybe you say, "We only allow 12 participants at a time," or however many you think you could manage at a time. Five to six, one to six, per class, and as you're released, or as you complete or graduate, you'd want to think in terms of, "Is this an on-going program", or is this just something you want to offer, you know, "You get to come twice a month," or, "You get to come once a month," and rotate people in-and-out of it. You could do that too. That's workable. That's doable. But, they cannot have a violent history. Of course, you'll always want to add in there (program plan) "Safety and security by approval of Jail Commander or safety and security of the facility, you could be denied access of the program."

Interviewer: The people that lead the programs—so, the non-inmates in AA or NA—what kind of qualifications do they have? Or, what do they need to do in order to work here?

Jail Commander: They have to submit an application to me and then they have to agree to a complete criminal history. Then I run a check just to make sure, and then most of my AA

people, and NA people too, *will* have a criminal history because they use that as a tool in recovery to say, “Hey, this is where I was and we share a story about our recovery.” So again, as long as it’s no sex offense, no violent criminal history, felony convictions...protective orders...then most generally, I will approve them. They just have to agree to submit to a complete criminal history. They just sign a waiver to me, then I run it through NCIC, which is national criminal database that basically has everyone’s criminal history in it.

Interviewer: How about your mental health faculty?

Jail Commander: Mental health, they have to at least be a QMHP, which is a qualified mental health professional. Which would be, I believe, they have to have a four-year degree. They’re not *quite* a psychologist but they have to have that degree. Same thing with my nurses and my doctors. Of course, Dr. _____, is a full-time position here, and my nurses are all RNs, and I have three.

Interviewer: And then, hypothetically, if the jail wanted an art therapist to do art therapy, would they be hired by the jail as a staff member, or would they be on contract, or...

Jail Commander: Well, we would have to find a funding source for payment, otherwise it would be on a volunteer-bases. And that’s where you’d need to find—I’ve never thought of art therapy—if there’s a grant to pay. If the sheriff felt that the program provided such a benefit, that he thought someone should be paid to do that, then the sheriff would have to request that through the budgetary process, through the council, and then they’d have to appropriate the funds to have the person come in and do it. But I’m sure there’s got to be a grant out there somewhere through an art institute or something like that for something like this. You might look at Community Corrections. They came out with—when 1006 changed, and they started putting the felons *back* in jails, instead of sending them to prison – there was grants available for programs. But I thought that was applied for, or through, Community Corrections, a division of the DOC, so you might look there.

Interviewer: Great, I’ll definitely have to check that out. I don’t have any more questions for you at the moment. You answered all of my questions very thoroughly. Is there anything else you can think of that I might need?

Jail Commander: Not off the top of my head at the moment. But if you have any questions, by all means, send me an email or pick up the phone and call. No problem.

Interviewer: That’s great. Thank you so much. I appreciate you taking the time to meet with me today.

Jail Commander: You’re very welcome.

(End of interview)

Appendix E2: Interview with Jail Commander at Hamilton County Jail

Interviewer: Researcher

Participant: Jail Commander of Hamilton Co. Jail

Interview Setting: Interview conducted in office Jail Commander's office in the Hamilton County Jail building. The interview was conducted at 10:30 am on Monday, February 27rd, 2017.

(Start of Interview)

Interviewer: How are mental health and addiction being screened for at the Hamilton County jail?

Jail Commander: Currently... Are you saying mental health *and* addictions?

Interviewer: Yes, like how many people present in the jail with some kind of mental health or addictions issue?

Jail Commander: Well, we guesstimate that approximate 70% of all our prisoners suffer from some sort of mental health illness. That is from my mental health guy. I argue that is higher than that, because I believe that addictions are a mental health issue. And so, it I think it expands beyond your normal belief of what a mental health problem is. I believe addictions stem from a mental health issue, or your addictions turn into a mental health issue. So, I mean it's all some sort of a mental health problem, and I believe that—I think that probably 90%, that's my opinion—I believe that 90% of the prisoners that come through our doors, come and go, have a mental health problem, because I think the addictions piece is really what will ramp it up another 20% or so.

Interviewer: How many people are in this jail right now?

Jail Commander: I think we have approximately 360? Let me check my population thing. [Pause; Typing on computer] Some craziness happened over the weekend, but yeah...360's, 370's. We were in the 400's last year, but we always drop down over the winter and through the holidays, our numbers drop. But it's starting to get nice, so the numbers are getting ready to pick back up. Once Klipsch Music Center (a local outdoor concert venue) is up and fully operational, then we get lots of people.

Interviewer: When people are brought into the jail, how are they be screened? Is there a screening process?

Jail Commander: There is, somewhat, like... a guy comes in—let's say we're going to have two different people come, so I can kind of give you a better example. So, we have two people come in, both of them when they come in, they're fully booked in. So, part of that

book-in process, we ask them questions about their addictions like when the last time they had done drugs, and we ask them all kinds of questions about addiction problems, all kinds of medical questions, mental health questions, all that. That's just from a corrections officer only, who is collecting that information, so it's not anybody with any special certifications or education in the mental health or counselor type of things, nothing like that. So, we collect that information and push that information to our mental health department slash medical department. Both of them (the new inmates) will be treated exactly the same in that regard. One guy leaves, he's never seen by a mental health professional or a nurse or anything like that. He could have addictions and some severe mental health issues, but he posts bail or he is released in the pre-trial release program, whatever it be, he's never seen. He's never looked at to determine if he needs assistance or anything like that. Then the other guy, he stays, and he's going to be seen and gets to talk to a counselor, or whatever.

Interviewer: Okay, the counselors—what type of background do they have? Are they full-time?

Jail Commander: Yes, we have 40 hours of mental health through a contract through Advanced Correctional Healthcare, so we entered into that contract in 2011 slash 2012—it was right at the end of 2011— and we asked for 40 hours of mental health, so we have someone here 40 hours a week to do that.

Interviewer: Is that just one person?

Jail Commander: Yeah, just one guy. Yeah.

Interviewer: Those that have obvious mental health or addictions issues, are they separated from the general population at all?

Jail Commander: Uh, it depends on, I guess, to the degree of which of what their problems might be. We have to take care—we have to make sure that everyone is safe at all times, so if we feel like they're a danger to themselves or others, or that they're going to be in danger based on their mental health condition—that will dictate whether they are put in general population or into a special cell, you know, or a special housing situation.

Interviewer: Right now—I know that you said the jail has 40 hours of mental health—but what kind of programs do you have for addictions or mental health?

Jail Commander: The only thing that we have—well, the only thing that comes to mind that we have—we have a group therapy addictions class that we do. And there is 40 or less – the most amount [sic] of inmates that can be in the class was 40, just because we only have 10 inmates per class, that we have in that class, which is done by classification. So, we have minimum and medium classification, one class per classification, male and female. And that's really all that we have as far as that goes. We have a Vivitrol program that our nurse pretty much over-sees and he sits down and talks with the inmates if they're interested in taking a Vivitrol shot upon their release, and things of that nature. Not all of them are in the addictions class that might be getting a shot. I'd like to see those two programs to be married.

I think it's important that—I can give you the shot, but I think that's a lot of the failures the inmates that do get the shot—they believe this is like some silver bullet, but it's not. You need to have a plan. That's not what we were doing in the beginning. We were just giving shots, and that's when I said, "Look, we're missing the most important piece—we're not teaching them anything or helping them with their addiction. We're simply just making it to where they can't get high. If anything, we're killing them." That was my point, that now we're making it even a longer period of time that they don't take the drugs. They're *going* to take them again because they have an addiction, and now they're going to kill themselves because they're going to overdose. So, that's when these classes started. That's when I said I wanted a class. So, we got a class started and it's been running for about a year now—that addictions group therapy class. We don't have any numbers to see what that success is of that program yet.

Interviewer: Are there any hopes to have another class, or be able to provide more classes...

Jail Commander: For addictions and stuff?

Interviewer: ...either, mental health or addictions, to more inmates opposed to just the 40 that are currently in the classes?

Jail Commander: I just don't know what that program would be. I mean, I want to. We're just starting a mental health initiative through evidence-based decision making. We've got this subcommittee that's meeting now—of course, I'm in that – we're trying to figure out what we're doing wrong. We're putting together this mapping thing where everybody goes and how the whole system is handling the mental health people. But I think that's step one, where we can see what we're all doing and now the question is, "What are we doing? What are we going to do?" to understand what's available and all those kinds of things. We have Aspire, which is the local mental health provider, we basically have on contract, that comes in. We're just now finally getting them in our house, "Hey, come over...spend some time. Introduce yourself to our inmates." There are statistics that show that inmates are 25, I think it is, or 50% more likely to go to Aspire if they actually *knew* someone there—the whole identification piece—and feeling comfortable like, "Oh, I can go there, because Susie-Q, she came over and talked to our class and she was really nice." They're more likely and more comfortable to go over there. And we're actually having them sign some release paperwork. The people that are in the drug addiction class, they're signing release paperwork, so that when they're released, Aspire is able to reach-out and talk to these people, because as it is, they weren't *allowed* to reach-out and talk to them. So, now we're getting those release papers, so we're able to release information so that they're able to actually reach-out to them and say, "Hey, come and see us." So, we're doing some things to try to increase the probabilities that these people will continue get help once they leave our doors. We're trying.

Interviewer: What kind of systems or databases are used to track the progress on the inmates in and out of jail? Is there anything you can track for recidivism?

Jail Commander: That's a topic of discussion that takes place [Inaudible; Door slams in background]. There's really no mechanism in place to track where these people go— "Are they continuing to get help or seek help?" —we just don't know. It is kind of hard for us to track recidivism here in this county just simply because about 50%, or a little over 50%, of all inmates that come to our facility are *not* from this community. They're from Marion County, Madison County, whatever, wherever. They all come here to offend [Laughing] because we have the money. Everyone's coming to our county to get the money. And, Klipsch doesn't help those statistics, you know, with the music center like that, with a venue like that, that is *increasing* the out-of-town people that come in, then of course, they're offending while they're here. So, it's difficult for us, but we're working on it. We're going to do better, and there's no doubt in my mind that we're going to have this figured out here in the next couple of years. Then, hopefully, it'll (the tracking system) be a model for everyone else (other county jails) to go by. [Pause; Looking at computer screen] 387, back to that number. Sorry. We are up to 387 (current inmates).

Interviewer: Is there a gap in services right now? Or do you see anything in...

Jail Commander: A gap in services? Do you mean when they're released, or here inside the facility?

Interviewer: Here inside the facility.

Jail Commander: Can you—what do you mean by 'the gap'?

Interviewer: Is there anything that you, as the jail commander, see that is not being dealt with or addressed that should be?

Jail Commander: Hmm. Well, I guess if I saw it, I would be dealing with it. [Laughing] So, I feel good about what we're doing. I mean, I always think there's room for improvement, I think there's always room that we could be doing something more and doing something better. But nothing is really slapping me in the face like, "Oh gosh, we better do this or do that better—much better than we have—or at all." I feel like we're doing what we can. We have our addictions things (classes), we have—I mean, the only thing I would like to see—I'd like to see Aspire. I'd like to see outside entities coming into our building more to create better relationships with those people so that they're more likely to continue to get help when they leave. I think that is one—that's definitely something we need to do better. But we're doing it somewhat, it could just be better. I only have one guy (counselor), you know, for my 40 hours. Would I like to have more hours? Yes, keeping in mind that we are one of the few in the state that even have 40, when most people (jail facilities) don't have any mental health, or if they do, it's a really small window, like 16 hours or something silly. I think we are in a much better place than everybody else in the state, or the nation, for that fact. There are some people (jail facilities) better than us, obviously, but I think it's because they're bigger than us — that's the reason they have more hours. So, for a facility that is only 350 to 400 people in their jail, 40 hours is a pretty decent amount, I think.

Interviewer: And you said that person is on contract?

Jail Commander: Yes.

Interviewer: Do you know what their qualifications or credentials are? Are they a social worker or...

Jail Commander: I get asked that question all of the time, and I can never answer that question, so let me dig that up... [Looking through filing cabinet] His name is _____, and the letters after his name is [sic] MS and then there's an LCSW.

Interviewer: Oh, okay. I believe that means he is a Licensed Clinical Social Worker. So, he's contracted through someone...

Jail Commander: Yes, through—Advanced Correctional Healthcare is the contract that we have for him. That's who pays him, that's who he is employed by. The jail has a contract with the company and he's a part of that contract. [Searching on computer] We have—I can tell you what all our medical parts are, but I don't know if you'd care to hear about what medical stuff we have. It's really just mental health stuff you're interested in, I think.

Interviewer: That is fine. It's all kind of interconnected to a degree.

Jail Commander: [Pause; Continuing to search on computer] Currently, we have 280 hours of nursing per week. 40 of it is a RN (Registered Nurse), 168 is a LPN (Licensed Practical Nurse), and then we have 40 hours for a medical records clerk, which really is not much of anything (medically), and then we have a doctor that comes in. There's several doctors—they're on call 24/7. And they're on site at least one day a week—the doctor is. And then we have a dentist on contract and he comes in whenever need. All kinds of stuff—that's available under that contract. But that's pretty much it—we're looking to increase that contract because our population is getting so much bigger than when we did this contract the first time.

Interviewer: If you renewed the contract, when would that happen?

Jail Commander: The contract automatically renews every year but to actually *put an increase* in the contract – I've got to go see my commissioners and that team, so I'm not sure of all the avenues that it has to go down before we get a chance, but I need that change, so I'll be—well, the Sheriff—will be bringing it up in front of the commissioners here very, very soon. I'd say in the next month or two we're going to be open to stand in front of the commissioners and tell them why we need additional—to add to the contract to provide for additional health care because our population has gone up by 100 inmates since last time we had the contract. We need more nurses.

Interviewer: The people from Aspire, they're also on contract, is that correct? Are they through contract with Advanced Correctional?

Jail Commander: No. Aspire is a stand-alone—I'm not going to do Aspire justice to explain what Aspire is. We have a MOU (Memorandum of Understanding) with that. It's a separate organization. They're federally funded, they provide mental health care and addictions—they provide help to the community. So, if like, I was a deputy on the street and I come across somebody that needs mental health assistance and they need to be committed to Community North (a local hospital) for mental health evaluations and such, I'll reach out and talk to somebody from Aspire, and Aspire says, "Okay, yeah. Sounds like you need to take them to Community North." They kind of tell you whether you can or cannot take them, and then Aspire calls Community North and says, "Hey, we've got one coming for you." So that's the service that they provide to law enforcement throughout the entire county. And of course, they have the open doors for people to come in and see them as well.

Interviewer: Has there ever been a creative program at the Hamilton County jail?

Jail Commander: Kind of like what you're talking about?

Interviewer: Yeah, like art therapy, music therapy, any kind of creative therapy?

Jail Commander: No, nope. Never have had anything like that.

Interviewer: Back to Aspire for a second... You said that they're on contract and they come in and talk or offer classes...

Jail Commander: No, they do not. We're *wanting* to try to get them to come in—and we've talked about that at length – like I want them coming in and they all agree, "Yes, we want them coming in," and I don't think that's happened yet. Now, they've come in and had meetings with *us* (jail staff), but I want them to actually come in and sit in my classroom and spend an hour or two, even if it's—I don't know—every couple of months, like every two months or every month they come in. And I simply just want them to come in. Like they have *videos*, and we can play a *video* that talks about Aspire and the services that they provide. Well that's fine, I can play the video, that's easy. But I want someone from Aspire to come in and sit with my inmates and so they can *see* them and put a face with a name. I think that's going to increase the probability of them (inmates) coming to see them when they get out. That's what I keep saying I want, it hasn't happened yet. But I had meetings set up and then I couldn't make the meetings, but now we're all at the table with this new mental health initiative, so I feel confident that it's going to happen. It's just a matter of time. And then once it happens, it'll continue to happen, just got to... [Makes clicking sound] just got to get it to go the first time.

Interviewer: It seems like there are a lot of jumps and hoops you have to go through to get funding...

Jail Commander: Yes. [Nodding head] Yeah, that's the problem. It's not funded by them to do that. So, we—I don't think we could *pay* for it – I don't know. Maybe that's the only thing that's holding us back, is Aspire says that we have to have funding to do that? Okay, well... "How much is a class—How much is going to cost to have you come in?" and then, "Can I

pay for that?” Because I am confident. I believe that the way people are today, as it relates to corrections and the inmate population, that most people are pretty quick to say, “Yeah, we want that,” or “Yeah, let’s do that.” I think people are finally getting that warehousing them (inmates), and not providing any services to them is *not* the solution. Like, I was making wisecracks earlier, “Everyone thinks they should be making little rocks out of big rocks,” and that’s not the case anymore—we can’t *do* that. It obviously does not work. Being in here alone, is punishment enough—let’s try to make it better while they’re here, and then at the same time, we can stop spending money on them because they won’t come back (to jail). So, I think everyone is pretty quick to help us, in that regard, as far as addictions therapy and mental health assistance. We’ll see.

Interviewer: Has the Hamilton County jail ever sought out or applied for grant money for program development?

Jail Commander: We currently have a grant that is just starting right now through WorkOne. It is a mentorship slash transitions-to-work program that is just starting. We just hired the people—went through all the interviews and just hired them. I’m supposed to meet with them here in the next—well, in the month of March—that’s when they’ll be starting, and getting them moved into the building and starting the classes with the inmates. That’s a \$270,000 grant, or something like that—maybe \$470,000—it’s a decent amount of money and should last for a couple of years. I think it’s supposed to last two years. It’s a lot of classes—filling out a resume, getting banked, you know, all those things, it’s all a part of this program.

Interviewer: Kind of like a skills training program?

Jail Commander: Life skills. Lots of life skills. Yes, that is exactly what it is.

Interviewer: How did the jail go about apply for that grant? Do you have a grant writer?

Jail Commander: I have a lady, her name is _____, and she is the G.E.D. —well, we called it the G.E.D, but it’s not called that anymore—so, she was our G.E.D. teacher here from 1995. She’s been here ever since, and she’s very involved in adult education, and somehow found out about this grant and spoke with WorkOne—and I think it was actually the people at WorkOne that filled out the grant, but Hamilton County was the focal point of that grant. The grant’s all through WorkOne, and WorkOne is handling all of it—they’re the ones that wrote the grant and everything else. They reached out to me and said, “Would you be interested?” and I said, “Absolutely, I’m interested to start this program.” So anyways, that’s how that came about. It’s not really *our* grant. We just happen to be the host. It’s not ours.

Interviewer: For an art therapy program, what kind of resources would this jail have? Space, tables, chairs, anything like that...

Jail Commander: We are very blessed here in Hamilton County. We have three classrooms and that’s just here in *this* facility. We are getting ready to take over another facility, which is the old juvenile center, and it has several classrooms available to inmates over there. They

have four classrooms, a computer lab—keep in mind this was a juvenile center and we're taking it over, so we have a miniature high school, basically, that we're taking over—so, lots of classrooms. Each cell block has a classroom attached to it as well. *I* call it a classroom, because that's what we're going to make them—we're going to make them classrooms. They had them set up just like a living room, seating area to watch TV. Well, I'm going to put tables in there and we're going to teach—have classes and teach them things—and then we'll put TVs in the dayroom area so they can watch TV kind of in their bedrooms, essentially. Each cell block—so, that would be three classrooms—there's like seven classrooms over there that we're getting ready to get. Plenty of learning space. Plenty of room for programs.

Interviewer: The classrooms, do you know what size they might be?

Jail Commander: I would be more than happy to take you back and show them to you if you'd like to see them.

Interviewer: That would be great! Thank you.

Jail Commander: I'd have to guesstimate what the numbers are, but based on the size—I know the size of the ceiling tiles—I could give you a pretty close estimate. But you'll be able to see them for yourself.

Interviewer: Roughly, how many people do those rooms hold comfortably?

Jail Commander: We could definitely fit 20 people in each classroom. I think for an art class, maybe only a dozen people is all you'd want to put in there at a time, just so they can spread out and do what they need to do.

Interviewer: Would the jail have any safe areas to keep art materials? Like cabinets that lock and everything?

Jail Commander: We would buy them if we needed to.

Interviewer: Are there any materials that would definitely *not* be allowed in the facility like scissors for example? Or would that depend on who participated?

Commander: Well, we have things like that, that would be available, that I think we would allow. We just don't allow them to take it out of the area. But I would say, X-Acto knives, you know—blades, knives—those kinds of art materials, we wouldn't allow them to have those kinds of tools. But yeah, I think scissors would be okay so that they can cut things out. And obviously, all the markers and paints—those types of things—I think are pretty typical. I guess how I envision an art program like this, is that not everybody would be able to come to this class. It'd be under pretty tight scrutiny by us, and so I feel very good about the classification systems that we have—I don't know if you know what I'm talking about when I talk about classification...

Interviewer: Yeah.

Jail Commander: ...So, we wouldn't be putting maximum security prisoners—you know, with a very violent past—we wouldn't be putting those kinds of people in the classrooms. These things (art materials) would not be available to those people because it would just be too unsafe. But minimum security, *maybe* medium security inmates, would be allowed to go these classes. Basically, your nonviolent offenders. And obviously, for your type of class, we have plenty of nonviolent, addicted—you know, inmates with addiction issues that are nonviolent inmates—we have plenty of those. Plenty of people to fill the class.

Interviewer: That leads me back to another question—What kind of offenses does the jail see the most here that are related to addiction? Do you see a lot of property offenses?

Jail Commander: Yeah, and a lot of that is because of the drug problems. But yes, property crimes are definitely up. Violent crimes are not a big problem here. We do not have a lot of violent crimes in this community. In this entire county, we'll probably average maybe one to two murders a year, in the entire county. It used to be lower, but here lately it seems to have been picking up. I would say less than one was the average years ago. Now we're looking at one to two murders a year, and obviously that being the worst. But even then, rapes are pretty low. Child molests (molestations) are probably average, I guess. I don't know how we rank in that category, but yeah, we're pretty low.

Interviewer: So, you just see a lot of property crimes, mainly?

Jail Commander: Yes. A lot of OWIs (Operating While Intoxicated). OWI is our number one offense. I can tell you what our rankings are. [Pause; Typing on computer] For 2016, top ten charges. OWI, Failure to Appear—basically they're just coming back for failing to appear for their original charge—Violation of Probation, and then Theft. OWI being number one, Property Crimes/Theft being number two, and then Possession of Marijuana is number five, Battery, Possession of Paraphernalia, Driving while Suspended, Possession of a Syringe, and Resisting Law Enforcement—that is your top ten. I would have to say, maybe you could argue Battery—well, yeah, I would say Battery—and Resisting Law Enforcement being, I guess you could call it a violent crime because there is usually battery associated with that, but not necessary if they're just simply resisting. But Battery being number six on the top ten—that would be the only thing that you could possibly classify as a violent crime, and I would bet the vast, *vast* majority of those are simple misdemeanor batteries that are not involving injury or anything like that. It's just simply, "Somebody touched me in a rude and insulting manner." It's not usually, "Someone pushed me." But who knows? I'm sure some of them are very bad batteries.

Interviewer: I think that answers all of my questions. Thank you so much for your help today. I appreciate the time you took to meet with me.

Jail Commander: You're welcome. It was my pleasure.

(End of interview)

Appendix E3: Interview with Sheriff and Jail Commander at Boone County Jail

Interviewer: Researcher

Participants: The Sheriff and Jail Commander of the Boone Co. Jail

Interview Setting: Interview conducted in office Sheriff's office in the Boone County Jail building. The interview was conducted at 9:00 am on Friday, March 10, 2017.

(Start of Interview)

Interviewer: At the Boone County jail, how are mental health and addictions being screened for?

Sheriff: So, first, let me give you a little bit of background where we're at today. So, I've been the sheriff for about two and a half years and (Jail Commander) has been the jail commander for...

Jail Commander: About two and a half years.

Sheriff: ...Yeah, about two and a half years, and one of the things that is most important to us is that we honestly feel that mental health and addiction are intertwined. One of the things that we feel is that we have not done a good job of providing mental health services to our inmates over the past 20 years. In *my* opinion, 75% of our jail inmates suffer from some type of mental health issue, and that includes addiction. Probably 85% of the inmates back there are here because of addiction issues, whether that's using, whether that's possession, whether that's stealing to *support* their addiction issues. So, the high level—the high percentage—of the mental health issues we have back there, we believe, needed to be fixed. We have a company called Aspire, and I'm sure you're aware of how the Mental Health Association of America works with providing local counties with a tax levy. The tax levy is paid to a local provider that is set by legislation. What happens is that, they are supposed to provide services for the underprivileged and to the county to take care of these mental health services.

Interviewer: Is that *through* the state and then *to* the counties?

Sheriff: We pay that as a county tax levy. I think it's \$297,000 right now, that *we* pay Aspire to provide those services.

Jail Commander: The taxpayers.

Sheriff: Yes, the taxpayers pay for it. So, we've done that for a very *very* long time, but when I became Sheriff, we said, "What services are you providing to us (the jail)?" And, they weren't providing *anything* to the county jail, so a few negotiations—setting up meetings—they decided to provide us with...Jail Commander? Two hours...?

Jail Commander: Two hours.

Sheriff: ... Two hours *a month*. That's it. Two hours a month, and our average daily population right now is...

Jail Commander: Last year it was 168. This year it will probably be close 190.

Sheriff: So, we can house 221 prisoners and last weekend we were right at that max level. So, one of the things we did last year, is we passed—what we call a LIT—a Local Income Tax that is provided for public safety. It is a half of a percent more of our overall LIT, and what it does is provide public safety funding to hire people, to provide services to inmates, to do all different types of things. Part of that strategic plan—which is these big manuals that you see [Pointing to stack of binders]—is to provide mental health services. We went from two hours a month—last week—to 48 hours a *week*. There's a difference in what we're doing. I wrote a grant to Recovery Works. There's a difference—a big difference—between institutional mental health and community mental health. Community mental health is—typically, they use medicines to help these addicts, help these mental health folks, suffering from mental health issues get through their problems. What we don't want is a community mental health provider coming in here and doing institutional mental health and now he has 200 inmates that are—90% of them are—on psychotropic meds [sic] and running around like zombies. *That's* what we have to avoid. So, *institutional* mental health, they focus not on meds [sic], but they focus on diet, they focus on exercise, they focus on art therapy, they focus on all these things, so that way you don't have to have these people on medicine, walking around like zombies. So, a combination—the 24 hours is part of our LIT tax that we are providing for the institutional mental health, and we're doing that through our medical provider, because *that's* what they do. They focus on institutional mental health. The grant that we want is bringing *community* mental health in to work *with* those folks (institutional mental health providers) for the other 24 hours. Now, while they're here, they're creating relationships with the inmates while they're here in the office, so those—the institutional mental health folks and the community mental health folks are working together. But the biggest piece of that is when the inmates leave our jail, they (mental health providers) hold their hand and give them the services they need outside.

Interviewer: Is that what they are doing with Aspire?

Sheriff: No. We're using a company called InWell (Integrative Wellness). I wrote the grant in conjunction with InWell, so we are using InWell as our community mental health provider. We've got a meeting on the grant—they pushed it off next week to the next week because they're so busy—but Recovery Works—we are one of only 13 counties in the state of Indiana that received that grant. *We* don't even know the details of the grant, like how much it is for, but the focus is integrating the inmates, once they leave the jail, *back* into society so that they become a better part of society and be able to give back to the society. Because right now, we have all types of programs. Jail Commander, you want to kind of explain all the programs we have in the jail?

Jail Commander: [Sighs] I won't be able to remember *all* of them. [Laughs] We have a—in conjunction with our Probation Department, Community Corrections, and the courts—we have a men and women's drug counseling program. They're here at least four days a week, and then they run programs that are voluntary. They run programs for the men as they come in. We have Alcoholics Anonymous here. We have Celebrate Recovery here, which is a faith-based addiction program. We have all types of religious meetings. A lot of the social services are here regularly, whether it is Cummins, Aspire, and others. We have anger management classes. We have parenting classes. We offer – it's actually called H.S.E. (High School Equivalency), but it's the G.E.D (General Education Development) program. We just had two people get through G.E.D. last week. A lot of the things, what the Sheriff said in the beginning, are common to any—you could pick any jail in the [state]. It might be on a different *scale*—if you go to Marion County, it's a lot more. If you go to another county, it might be less—but they have the same issues. The mental health issues, the addiction issues. And *some* counties have done some things that the Sheriff is talking about. The missing link, that a lot of them have done—they may have something in-house, but there's not that continuity when they leave. We also have done some things, not only on the mental health side, but on the *medical* side with a Vivitrol program. We've had three people participate, to date, so we offer them – if they complete the drug program near release in conjunction with Community Corrections – we will give them at least their first, if not their second, shot while they're in jail. We, again, provide them the services, or the places to go, to continue. Now, there's an old saying, which I'm sure you've heard, "You can lead a horse to water but you can't make it drink." Sometimes, we've—unfortunately, we've had one person that chose not to continue and he died of an overdose. So, those services are there and they're in place—and other than just taking the person there and forcing their head to drink—it's available. That's what probably makes this county and what makes his (Sheriff's) program unique into others, because it follows that inmate through, if they choose to do it.

Sheriff: So, we give—all these programs give—the inmate hope while they're clean here. Where we fail them right now—and that's why we want to change—is when they leave the jail. They end up in two places: they end up dead because they go back into the same environment and they end up shooting up and they end up overdosing, or they end up right back here, and that's called recidivism. Our recidivism rate last month was 79.2%. So, if 79.2%—I think that the national average is 64%, I think, something like that—but we're at 79.2%. *Arresting* people—and I've always said this since I became Sheriff—"We can't arrest our way out of this problem," so we've got to look at other solutions and what we're trying to do is bring this mental health on board as a solution to prevent this from happening. When they leave then, if they've got to go to transitional housing, this community health partner will be able to get them into transitional housing. If they need to have Vivitrol, or Suboxone, or those types of programs to get them through then, that's their responsibility once they leave. But at least we have that handshake, we've got that partnership in here and the relationship is built up when they leave, and that's really key. The other piece of it frankly, is keeping track of those folks, so as long as we are contracting with that community health provider, now we've got a person on board here that will keep track of that data. So, we will *know* when they come back. It's a crime analyst. We'll *know* what our recidivism rate is, probably, more accurately than what we do now. We'll *know* whether if the Vivitrol program is successful or not. *Those* are the things that in law enforcement, we are not very good at, is

collecting data, and we *have* to change that way. We have to change the way we're doing business there. We, for many years, have been in this *reactive* mode and now, we're slowing transitioning into this intelligent-lead, proactive law enforcement model that we need to be. Once you start getting proactive, I think you start seeing changes

Interviewer: So, when someone is arrested and they are brought into the jail, how are the mental health and addictions being screened for? Are there any certain tools or questionnaires that you use? And who screens for those?

Sheriff: We have a jail management system and it is called Jail Tracker and it's through Interact. All of our medical and mental health questions are asked at the time of booking. By state law, you have to do a full evaluation on an inmate within 14 days—we try to see them within a few days—our medical folks do. We just changed medical providers, and we're going from six days a week—they were working 8 hour days? [Looking at Jail Commander] What were they working before?

Jail Commander: We had somebody here five days—40 hours a week, and then we had someone here part-time for about 20 hours, evenings and weekends, so we had a total of 60 hours of coverage.

Sheriff: Now, we're changing that to seven days a week, 12 hours a day, which is a good thing. It gives better care for the inmates and that process is really important. We're still working on when or how the mental health piece works, because they just started last week. So, we're still trying to figure out all of the ins-and-outs of when they're going to evaluate the inmates if they say they're suicidal or say they've got addiction problems, those types of things. I don't think we've worked through that yet, have we? [Looking at Jail Commander]

Jail Commander: No, not really. A lot of the people—when someone is arrested and booked in, I mean, they could be brought in here for driving while suspended—while they may still have those issues, they're not going to be here long. If they're arrested for more serious crimes, chances, based on their bonds or whatever, they could be here for longer, and those are the people you tend to deal with. About 65% of our population is post-conviction. Typically, the difference between jails and prisons: jail is a *pre-conviction*—typically—and after you've been convicted, you go to prison. With the different programs going on, many of the inmates are like on a diversion from prison, so they're either on probation, Community Corrections, things like that. Well, 65% of ours have already been convicted and they come back for violating probation, Community Corrections, that type of thing.

Interviewer: Is that because of the Indiana House Bill 1006...

Sheriff: House Bill 1006. 1006, that's a non-funded—well, it's *funded*—it's kind of funny, because they pay us \$35 a day, but it doesn't mean that every day that they're here we get paid for it. The other piece of that, is if we have to send somebody to the State for what they saw or say—meaning they are a safe-keeper—we get charged \$55 a day. That doesn't make a whole lot of since to me. It's one of those mandates that comes from the State a year and a half ago—and how many (inmates) do we've got? I anticipate 25 or so..

Jail Commander: I would guess, probably, 12.

Sheriff: We've got 12 now, but again, you usually see—a year, or two years after—that impact, so I think, next year we'll see about 20 inmates that are sentenced here by the DOC.

Interviewer: How long are they here for? What's the average stay?

Sheriff: Well, I think DOC level six can be two years, right? [Looking at Jail Commander]

Jail Commander: Yeah, it's 366 days—if they have less than 366 days, they come to us. But as far as those non-level six, just based on the progress of their court case—I mean, we have people here that have been here over a year that have not been to court yet. I mean, they've been to court, but they're still waiting for trial or whatever.

Interviewer: So, AA and the men and women's drug counseling—who leads those groups and what type of qualifications do they have? Does the jail have a mental health professional, or is—well, I understand that AA and NA are typically lead by other people that have gone through the programs—but does the jail have a Licensed Mental Health Counselor (LMHC) or Social Worker?

Sheriff: Our drug group—it's Proactive Resources—is the name of the group, or company, that does our men and women's drug program and they are funded by Probation (Department) and Community Corrections. And they are both licensed.

Jail Commander: They are out of Carmel, I believe.

Interviewer: What kind of databases do you use to track the progress – in-and-out of jail and the recidivism? Was that - I know that you said you're still working on that, but I didn't know if there was a particular system or not...

Sheriff: The Jail Tracker product that we have will do *some things*. It's a pretty decent program, but when you start to talk about analytical data, which this is, we are getting ready to sign a contract with—I forget the company—but it is analytical, pro-analytical data software, and we have our crime analyst that is getting ready to go to school on that for a week, and then we'll send her to FBI analyst school for three weeks as well. But, it's going to take special software. I can get you the name of that—I can't remember what it is right now.

Jail Commander: The other thing that makes it difficult to track is—and again, is common with all jails—we take people around. They may have charges here, or they might have charges in Clinton County or Tippecanoe County, wherever—so, they finish a case here and there's a hold on them from a different county. So, if we let someone out here, while they might not come back to us, they could be arrested in a different county, so it's difficult. The DOC—if someone goes to prison, it's easier to track because they're in that *one* system. If they go to the other jails, it's sometimes difficult. So, so that number (of recidivists) could be higher.

Interviewer: That makes sense. For the programing that you do have, how many people actually attend those?

Jail Commander: What we have done, and it's been done here for a long time—it's relatively new in the prison systems, and they've used this term for the past couple of years—it's called a Therapeutic Community. When some people are sent to DOC, they'll live in a housing group that is just other addicts or whatever. That's been done here for probably 3 or 4, 5 years at least.

Sheriff: A long time.

Interviewer: So, they're separated from the general population...

Jail Commander: Our men, typically, we have somewhere between 25 and 30 people in the various steps of the program...

Sheriff: All of the time.

Jail Commander: ...And the women—the program is a lot smaller. Of course, of those—our average population, about a fourth are female. Given that, our women's program will have somewhere between 8 and 10 people in it.

Sheriff: And while you're talking about women—we have seen a *huge* increase in the last 18 months of women offenders. We've had to expand to two blocks of women offenders instead of just one. We have a considerable number of women offenders in this county, and I think, across the county that's a trend now.

Interviewer: Do you know why that trend is occurring?

Sheriff: A majority of it is addiction... In fact, probably in high 90's (percentage), I would say.

Jail Commander: [Nodding] Yeah, I would say, easily. Right now, we have a mother and daughter in here—both addictions—that's very common. We've had husbands and wives. We've had—I don't know that we've actually had them at the same time—three generations, but two is pretty common. And most of them are (have) the same type of charges.

Sheriff: The mother and daughter that's in here now—I use the daughter to kind of talk to a 15-year-old that is struggling in this county a couple weeks ago—and the story she (the daughter) told about when she got out of high school in 10th grade and would go home—she'd go home looking forward to shooting up with her mom in the kitchen, as a *sophomore*. I just can't even fathom—as a parent, and then as a child—growing up in a household like that. We've got some *serious* social issues here.

Interviewer: Are there any gaps in services that the jail offers that you guys see that you feel need to be addressed?

Sheriff: This handshake between jail and trying to get them services in the community is a key factor in making this a success. That is a gap that is not filled yet. And I don't know, Jail Commander, as far as programs, that there's anything else we can do inside—we do a pretty good job inside with programs.

Jail Commander: We have religious—we have different churches that come in and have church, and they, obviously, offer (services) once people get out. We just had a program—they ended up not doing it any longer—it was called CASA, which is Christians Against Substance Abuse, and it was really based on that. It was based out of Frankfort. The idea was to come as kind of an outreach—and it was for women here in church – to have them do that here and then to kind have them follow-up with a local church in Frankfort. We ran that for eight weeks, and I think the person doing it just ran out of time.

Interviewer: Has there ever been a creative or an arts program before at this jail?

Sheriff: No... I'm trying to think back. I will tell you that these men and women are talented. The art that we see drawn is unbelievable, but we have not looked into art therapy—we have not looked into that as a therapeutic aid.

Interviewer: Would the jail be interested in an art therapy program? Would something like that be feasible?

Jail Commander: My thought, one of the reasons you probably don't see that a lot in jails, is in the past—when I say that, even within the past couple of years—people didn't stay here that long. Like, our drug program—it can be up to a 90-day program, *depending*—somewhere around 60 days is average—well, a lot of people don't graduate because they're not here that long, and some are here longer. Those kinds of programs are tougher to do in a jail environment where you have more turn-over. Certainly, in prison and places where people have longer sentences, it's pretty common. As this continues, I don't foresee reverting back to shorter sentences and quick stays, so in the future that might be. But the other issue you run into is jails, when they were built—when this jail was built, and I say this a lot, but it's true—they were built mainly for bed space, because, even though this jail—this jail was built in 1992, it's not that old—but it was based to *house* inmates. That's what jails were for. They weren't based to *treat* inmates. Well, again, this whole social thing—drugs and everything else—it's a big change, so it's no longer just a holding facility—we're actually keeping them here a lot longer. So, space is an issue. That's one of the things that stands in the way of our programs, are [sic] having places to put them. We have a schedule now—we're all the time juggling between attorney visits and classes and meetings and social services and everything else. And part of what the LIT tax that Sheriff got passed, there's also an element in there for, maybe, expansion. Which, down the road, most jails are going to go through—they're going to have to expand and build new jails. I read in the newspaper last night, I think—no, it was online, an article—that Vigo County, they're at a point— in Terre Haute—they're about ready to build a new jail, and that's really common. And really, it's basically just spacing for programs, because you didn't *have* to provide things to do in the past because the inmates weren't here that long.

Interviewer: That makes sense.

Sheriff: So, if that is a program that could help the inmates, I am always open to that. But again, having 48 hours of mental health people here now, they would be able to take that on and say, “Yeah, I think art therapy is a good thing. Let’s bring somebody in to do that.” It would be their responsibility, in *my* opinion, to tell me whether that’s going to be good for the inmates. And if they said, “Yeah, it would be really good,” then we need to look into a program like that. We are not closed-minded to the fact that we don’t think that’s a good thing. Unfortunately, most of the artwork that they (inmates) do now ends up on their body, with illegal tattooing in jail. These folks are so talented that—do you know how they tattoo in jail? [Asking interviewer]

Interviewer: Only from what I’ve seen on TV shows—pens, they just take things apart...

Jail Commander: Staples...

Sheriff: It’s crazy. They use the ashes off of a Styrofoam cup that—that’s the ink. So, it’s really amazing, but if you look at some of the jail ink—that’s what I call it—it’s pretty talented.

Jail Commander: The quality has definitely gotten better, but yeah, there’s different—again, in this kind of setting, they don’t have access to a lot of electric items—you know, motors and things—so, it’s usually—kind of like how tattoos started—it’s usually that tapping, and it’s with a staple, a pin. They create a flame that will create soot, they’ll mix that with the ink and some other items. The problem is, a large portion of the people in here, some have STDs, Hepatitis, and all these other things, and when they get something to do that, it’s not like they have two-dozen staples—they have one. Well, then—“Hey let me tattoo you and you tattoo me”—so, that creates an issue as well. I did want to say one of the things—again, this is a new thing for us because they just started this week—but, one of the things the mental health providers is going to do is—his plan is to do a lot of group therapy. Because up until now, really all of that was done in the drug block, so if you couldn’t get into the drug block, or maybe your problem wasn’t addictions so it didn’t make sense to go there, you were out of luck. That was only for 30 people that were in there, so that is one of the things he’s going to do—they’re going to do a lot of group therapy and things like that which will probably be beneficial.

Interviewer: That’s really great. What kind of space does the jail have for programing right now? If you were to implement an art therapy program, what kind of resources do you have for that?

Sheriff: We just moved some things around and shuffled our property room and made it into a training room, meeting room, art therapy room—whatever you want to call it—it’s a multipurpose room. We could do it in a room like that.

Interviewer: How large is that room? How is it set up?

Jail Commander: It's an interior room and it's kind of an odd shape—more of a triangle shape—and probably the hypotenuse part would be 30 feet and 1-10, 1-20, something like that.

Interviewer: One-hundred and ten feet?

Sheriff: Nah...

Jail Commander: I mean, well, let me put it this way—we had a meeting in there on Wednesday and it's not totally finished, and we had, at one time, like nine people in there and it was a little crowded.

Interviewer: Oh, at first I thought you meant the room was 110 feet by 30 feet...[Laughing]

Sheriff: *We wish.* [Laughing]

Jail Commander: No, no, no. [Laughing] I meant that one wall is 10 feet, one's like 20, and the other is 15 or so.

Sheriff: Now, we already have initial plans—we have already done the feasibility study to add on, North to the jail, another 320 beds, and out of that 320 beds, a lot of those are—I'm sorry; you've got the 320 beds, but you also have classrooms, a medical wing—it would be built to *treat* inmates instead of housing inmates. [Pause] And I foresee that happening—originally the feasibility study said in 8 to 12 years—but I foresee that happening in 6 to 8 years, in my opinion.

Interviewer: Are there any materials that inmates are *not* allowed to use, or *not* allowed to have, for example...

Jail Commander: Well, we frown upon metalwork and woodworking classes—no, I'm joking. [Laughing] We don't—you know, obviously, they're limited with—if paperwork comes in from the courts or whatever, we have to take the staples out and little things like that. Magazine, we don't allow because they're held together with staples. Nothing—I mean, we don't allow them to take anything back to their cell.

Sheriff: Their writing utensils are flexible.

Jail Commander: Yeah, like if you would take your pen apart, the plastic barrel—the rubber thing—that's what their pens are.

Interviewer: Okay, so flexible writing utensils are allowed...

Jail Commander: We don't do pencils because we don't want to have to be sharpening them all the time.

Interviewer: If you do have pencils, are they like those little golf pencils?

Jail Commander: Well, no. We don't have them at all, because the problem is—you have to sharpen them—the graphite can be used for other things—that's a good source to actually include in the tattooing. I mean, if you break a pencil with 180 inmates, we can't go around—we don't put a sharpener in the block—you can't go around taking pencils out and sharpening them.

Sheriff: So, if you were to have a program, that program would have to be at certain times during the day—you'd bring your inmates in, and they'd be searched when they left – so they could have the proper things to draw, or whatever, within that room.

Interviewer: So, as long as the inmates are supervised with those material, it would be okay for them to use them?

Sheriff: Yeah, it would have to be supervised. But—and I don't want to gross you out—but, even if they leave, they put things in certain orifices, and you know... [Laughing]

Jail Commander: And it's easy to do.

Sheriff: ... Yes, it's easy to do.

Interviewer: What about paper—are there any restrictions on paper? Can they use scissors?

Jail Commander: No. And again, those things (scissors) are temptations, and even though we would search and do whatever else, there are still issues created with that—of getting them and getting them back. The less of those types of things, the better. I mean, they have access to pens and paper – if they need it, we give it to them. They have a commissary that they can buy all kinds of things off of that's approved to use, so that option is there also. They can buy card games, and they can buy a Walkman—the Sony brand smaller radios—they can buy those on there, and there's a TV in the dayroom. We have a video visitation so that people can come in here and do—we don't do contact visits—we used to do them through glass, well, now we have video visitation. So, they can schedule those—and we don't have to move the inmate—and they can also do them remotely, so if somebody wants to visit from out-of-state, they can actually do a visit without them coming here.

Interviewer: That's cool. So, it's kind of like Skype or something?

Jail Commander: [Nodding] Same thing as Skype, Facetime—same thing. They can do three of them here—for free—a week, or if they do them remotely it's—for a 25-minute visit—it's \$12.50.

Interviewer: If there was an art therapy program here, would there be any place to safely store art supplies?

Jail Commander: Probably not. Again, that's our issue—is space. I mean, I can create bed space because I can buy—they're called boats, which we've had and had to use for the first time ever – it's just like a big plastic thing that sits on the floor that you put a mattress in – well, we've had to put three people in two-man cells. So, *space*, I can create, but storage and things like that, I really can't.

Interviewer: So, storage would need to be portable.

Sheriff: Hopefully we've been helpful for you.

Interviewer: Yes, you have been. You've both answered all of my questions and given me a lot of information. I really appreciate it.

(End of Interview)

Appendix F: Art Therapy Referral Form

Art Therapy Referral Form

Name of Inmate: _____ Referral Date: _____

Inmate Number: _____ DOB: _____

Reason for Incarceration: _____ History of Violence? Y N

Prior Convictions? Y N | If Yes, Reason for Prior: _____

Estimated Length of Incarceration: _____ Security Level: Min Med Max

Reason for Referral: (check all that apply)

- Social conflict
- Negative attitude
- Lack of motivation
- Uncooperative
- Anxiety
- Panic attacks
- Racing thoughts
- Other: _____
- Depression
- Loss of interest
- Hallucinations
- Impulsivity
- Excessive energy
- Irritability
- Unable to cope
- Trouble adjusting
- Anger
- Substance use/abuse
- Appetite changes
- Self-harming
- Suicidal ideation
- Suicide attempt(s)

Comments:

Referral Source: _____

Appendix G:
Evidence Based Principles, Principle Objectives, and Art Therapy adapted Objectives

Evidence Based Principles, Principle Objectives, and Art Therapy Adapted Objectives.

Evidence-Based Principles	Principle Objectives	Art Therapy Adapted Objectives
1. Assess Actuarial Risk/Needs	1. Using valid tools for ongoing screening and assessment of inmate criminogenic needs and risk factors.	1. Using standardized art therapy assessment tools for ongoing screening and assessment of inmate criminogenic needs and risk factors. (Kaplan, 2003)
2. Enhance Intrinsic Motivation	2. Using motivational interviewing to enhance intrinsic motivation, and relating to inmates in an interpersonally sensitive and constructive manner.	2. Using motivational interviewing-based art therapy to enhance intrinsic motivation, and relating to inmates in an interpersonally sensitive and constructive manner. (Liebmann, 1994a)
3. Target Interventions a. Risk Principle b. Need Principle c. Responsivity Principle d. Dosage e. Treatment Principle	<p>a. Prioritize high-risk inmates – greater need for pro-social skills and positive thinking styles.</p> <p>b. Address inmate’s greatest criminological needs linked to criminal behavior to reduce risk of recidivism.</p> <p>c. Consider inmate’s individual characteristics: culture, gender, motivational stages, developmental stages, learning styles, when matching inmate with services.</p> <p>d. Occupy 40-70% of high-risk inmates’ free time to promote pro-social structure.</p>	<p>a. Engage high-risk inmates in art therapy to encourage growth of pro-social skills and positive thinking styles. (Brewster, 1983)</p> <p>b. Address inmate’s greatest criminological needs linked to criminal behavior in art therapy to reduce risk of recidivism. (Brewster, 1983)</p> <p>c. Consider inmate’s individual characteristics through a multicultural lens and adapting to their needs when providing art therapy services. (Hoshino, 2003)</p> <p>d. Provide art therapy services as a part of general programming to occupy 40-70% of high risk inmates’ free time.</p>

	e. Using cognitive-behavioral treatment types to deliver targeted and timely interventions to provide the greatest long-term benefits to community, victims, and inmates.	e. Using cognitive-behavioral treatment techniques in art therapy to deliver timely and targeted interventions to provide the greatest long-term benefits to community, victims, and inmates. (Rosal, 2001)
4. Skill Train with Directed Practice	4. Using evidence-based programming focused on cognitive-behavioral strategies that encourages inmates to practice and develop pro-social attitudes and behaviors.	4. Using cognitive-behavioral strategies in art therapy programming that encourages inmates to practice and develop pro-social attitudes and behaviors. (Rosal, 2001)
5. Increase Positive Reinforcement	5. Using 4:1 ratio of positive to negative reinforcements promotes positive behavioral changes in inmates.	5. Providing inmates with positive reinforcement in art therapy promoting positive behavioral changes. (Rosal, 2001; Rozum & Malchiodi, 2003)
6. Engage Ongoing Support in Natural Communities	6. Realign and actively engage pro-social supports in their communities, such as: family members, spouses, and supportive friends or co-workers.	6. Realign and actively engage pro-social supports in their communities with family members, spouses, and supportive friends or co-workers through family and/or group art therapy sessions. (Riley & Malchiodi, 2003)
7. Measure Relevant Processes/Practices	7. Routinely assess inmate's change in cognitive and skill development. Ensure accurate and detailed documentation of case information, along with formal and valid tools for measuring outcomes is in place.	7. Routinely assess inmate's change in cognitive and developmental skills through the use of standardized art therapy assessments. Ensure accurate and detailed documentation of case information, including art work and art assessments. (Kaplan, 2003)
8. Provide Measurement Feedback	8. Routinely provide feedback to inmate to build accountability, enhance motivation for change, and encourage treatment engagement.	8. Routinely provide feedback to inmates to build accountability, enhance motivation for change, encourage treatment engagement, and creative expression. (Rosal, 2001)

Note: Adapted from Crime and Justice Institute & United States of America, 2004.

**Table also referenced on pages 62-63*

Appendix H: Art Therapy Program Data Collection Form

Art Therapy Program Data Collection

Month of: _____ Group Goal: _____

Total # of Participants: _____ Facility Avg. Inmate Population: _____

Participant Recidivism Rate: _____ Facility Avg. Recidivism Rate: _____

Total # Participants Present:	Session 1	Session 2
Week One		
Week Two		
Week Three		
Week Four		

Inmates Present: (identification numbers only)

ID Number	Diagnostic Criteria	Attendance (Y or N)		Completed Assessments* (Y or N)	
		Session 1	Session 2	Pre-test PPAT	Post-test PPAT

*Assessments given on outset and of termination treatment, or when needed.

Completed by: _____ Date: _____

Appendix I: Post-Release Follow-Up Form

Post-Release Follow-Up Form

Inmate Number	Release Date	3 Months		6 Months		12 Months	
	Date:	Date:		Date:		Date:	
		Reoffend?		Reoffend?		Reoffend?	
		Y	N	Y	N	Y	N
	Notes:	Notes:		Notes:		Notes:	
	Date:	Date:		Date:		Date:	
		Reoffend?		Reoffend?		Reoffend?	
		Y	N	Y	N	Y	N
	Notes:	Notes:		Notes:		Notes:	
	Date:	Date:		Date:		Date:	
		Reoffend?		Reoffend?		Reoffend?	
		Y	N	Y	N	Y	N
	Notes:	Notes:		Notes:		Notes:	
	Date:	Date:		Date:		Date:	
		Reoffend?		Reoffend?		Reoffend?	
		Y	N	Y	N	Y	N
	Notes:	Notes:		Notes:		Notes:	

Completed by: _____ Date: _____