

Jail-Based Medication-Assisted Treatment (MAT) Programs: Common Elements, Unique Approaches

Welcome

Moderator:

Becky Berkebile; M.A.; Senior Program Associate II, Advocates for Human Potential, Inc.; COSSAP Project Deputy Director of Training and Technical Assistance for Jail-based, Community Corrections Grantees

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This project was supported by Grant No. 2019-AR-BX-K061, awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Learning Objectives

After this session, participants will be able to:

- Describe various jail-based medication-assisted treatment (MAT) programs and how they operate
- Explain why collaboration with partners is key to the success of any MAT program
- Recognize elements of innovative programs that can be replicated to positively impact the lives of individuals who are receiving services

Presenters

Stephanie Schmidt

MAT Navigator, Corrections
Counselor
St. Louis County, Minnesota, Jail

Steve Durham

Assistant Director
Louisville, Kentucky, Metro Department of
Corrections

Levin Schwartz

Assistant Deputy Superintendent
Clinical and Reentry Services
Franklin County, Massachusetts,
Sheriff's Office

St. Louis County MAT Program

Medicated Assisted Treatment

Stephanie Schmidt

MAT Navigator and Corrections Counselor

St. Louis County, Minnesota, Jail

Overview

- Our Mission
- Who We Serve
- Operations
- Key Players
- Importance of Collaboration
- Overcoming Challenges

MAT Mission

The mission of MAT is to recognize and reduce the risk of post-release overdose death and recidivism in our community

Reduce Overdose = Saves Lives

Reducing Relapse = Minimizing Criminalistics Behaviors

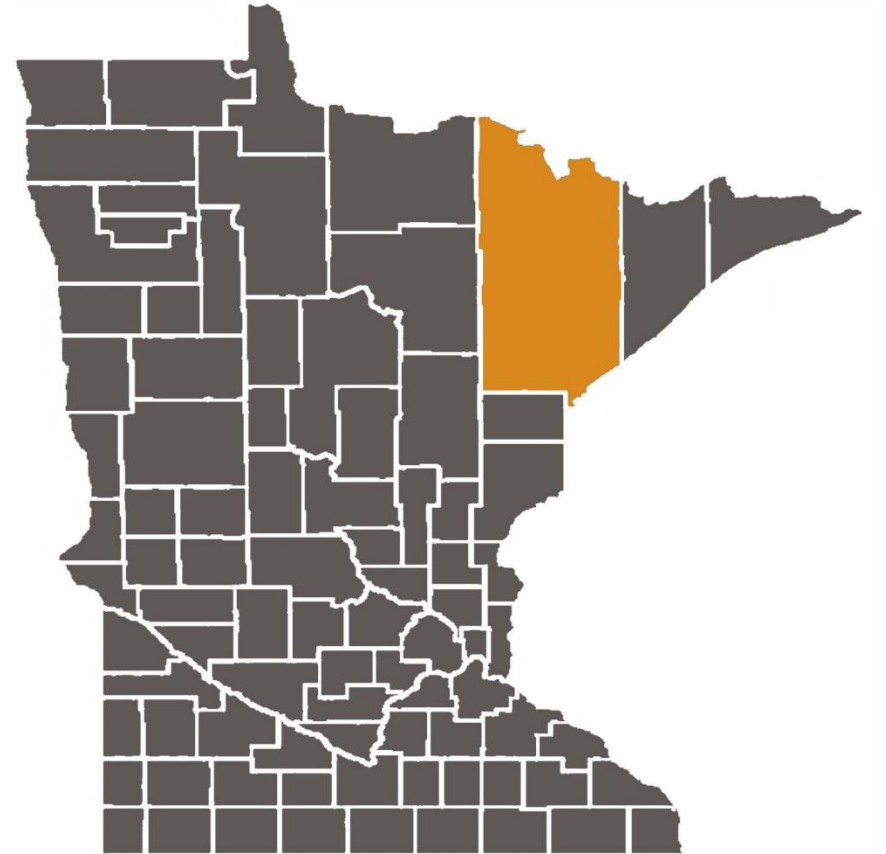
Who We Serve

St. Louis County is the biggest county in the state of Minnesota

- Population: Approximately 200K people

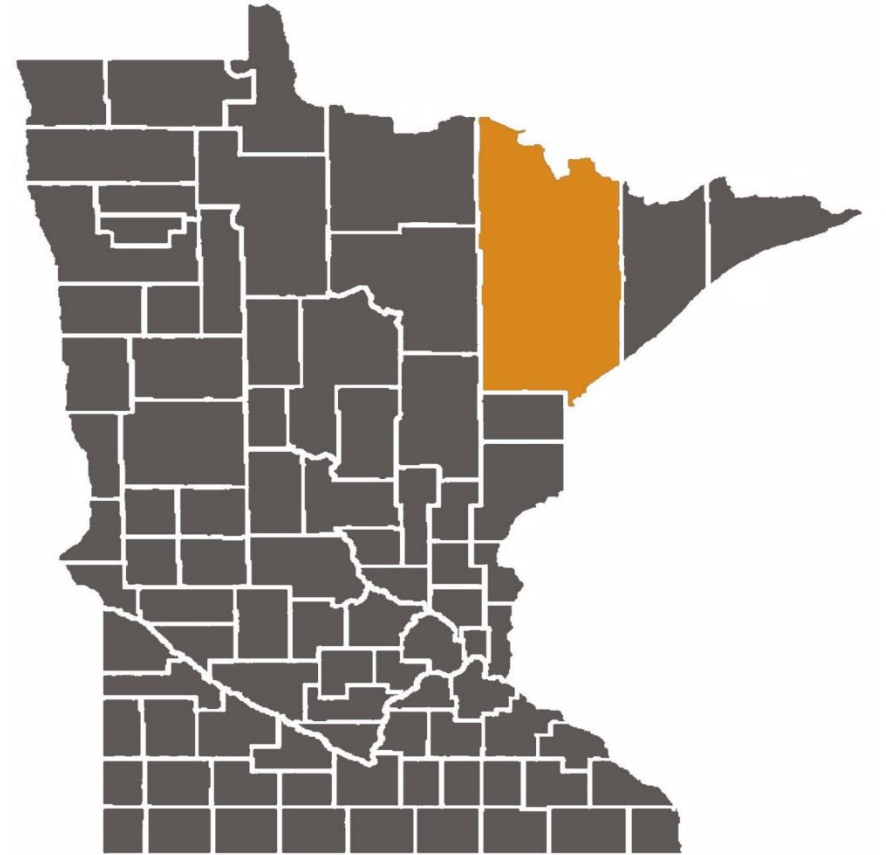
Correctional Facilities

- Duluth Jail: 197 bed facility
- Virginia Holding: 12 bed lock up facility
- Hibbing Holding: 8 bed lock up facility



Who We Serve

- In 2019, there were 5,517 total bookings in just the city of Duluth, Minnesota
- The average daily population was 177 inmates
- All facilities house male and female offenders
- House mainly high-risk pre-trial inmates, however, there are a few sentenced inmates in custody



Fighting the Opioid Epidemic

In 2019, St. Louis County Jail was one of the 15 jurisdictions in the country to be chosen to implement MAT to justice involved individuals who have an opioid use disorder

Why St. Louis County?

- 2019 Jail Survey
 - 52 percent of the inmates have tried heroin/opioids
 - 35 percent self-reported using heroin/opioids daily
 - 11 percent reported they were on a MAT program prior to arrest
- According to COSSAP statistics, 10.5 percent of SLC opioid overdose deaths happen in the city of Duluth

What We Know

We know that justice involved individuals who used heroin or opioids prior to their arrest will more than likely go through horrible detox and withdrawals. Even worse, if these individual leave without medication assisted treatment and connections to substance use disorder (SUD) treatment, they have an increased risk of overdose or death.

- January 9, 2020—the Duluth New Tribune
 - “Overdose deaths jump in Duluth, St. Louis County”
 - Duluth OD deaths increased by 52 percent from 2018
 - With statistics like this, it is critical that individuals leaving the jail have a hot hand off to community treatment and recovery

MAT Operations

1. Ensure that individuals coming into jail who are on a MAT program continue
2. Screen for an Opioid Use Disorder (OUD)
 - During the time of Booking
 - Medical Assessment Screening Tools
 - Obtain referrals, recommendations, and medical records from outside agencies
3. If OUD is identified and recommended, start the individual on MAT
4. Ensure wrap-around services are in place prior to release

MAT Nurse

- Hired under the COSSAP grant
- Assist with evaluating new patients
- Coordinate with MeND MAT medical providers
- Coordinate with community medical providers
- Maintaining a schedule of medications dispensing
- Monitoring patients
- Follow up with labs
- Work closely with the MAT Navigator for coordination of care upon release
- Connect individuals who are incarcerated with treatment providers

MAT Navigator

- Hired under the Bridges Grant
- MAT Navigator works closely with the courts, probation, community partners and the jail's medical provider to ensure the legal course can continue to support the individual's MAT plan
- Immediately connect individual to community resources to continue MAT
- Coordination of care to transportation, housing, health insurance, and educational resources
- Building relationships with community key players

Key Players

St. Louis County Sheriff's Office

Arrowhead Regional Corrections

Minnesota Sixth Judicial District

MEnD Correctional Care, PLLC

St. Louis County Public Health and Human Services

Center for Alcohol and Drug Treatment

Recovery Alliance Duluth

Essentia Health, ClearPath, Ideal Options, St. Lukes, Human Development Center

Story of Jessica Jane

Jessica Jane is a 36-year-old female. In 2020, she was incarcerated seven times. Jane was diagnosed with a severe OUD, depression, anxiety, and borderline personality disorder. SLC Jail started Jane on MAT after she was arrested for the third time. Jane typically had lower-level offenses. Law enforcement reported having several contacts with her weekly. When law enforcement arrested Jane, she would spend a few days in Intake detoxing before the staff was able to successfully book Jane in. Jane was not a fan of the criminal justice system. It took correctional counselors several attempts to encourage Jane to reevaluate her decisions and life choices. Once the MAT Navigator was able to build a rapport with Jane, they learned that Jane failed to follow through with self-care, treatment, and probation conditions because of her mental health symptoms, lack of transportation, negative social supports, and substance use disorder. At one point, Jane told the MAT Navigator that she had overdosed on heroin/opioids 18 times and was hospitalized six times. Like many others, Jane felt like there was no hope for her. The MAT Navigator encouraged Jane to utilize professional supports and provided a hot hand-off to various community resources, including Peer Support Recovery, to help her build a foundation of stability for her to continue a life of recovery. During her last incarceration for a probation violation, Jane had been on a MAT program for six months. Jane reported that she meets with a mental health professional biweekly, she completed substance use treatment upon her release, has maintained a relationship with a peer support specialist, continues MAT for assisting her with sobriety, and secured housing after getting connected to a safe housing program. Despite having relapsed several times, Jane was able to achieve her goal of sobriety and work towards recovery. Jane has not been in custody since.

Collaboration

Our objective is to strengthen communication and collaboration between jail personnel and community partners to support individuals throughout their incarceration, from booking to their release, to sustain recovery, reduce recidivism, and improve public safety

**WHAT WORKS FOR US MIGHT NOT WORK FOR YOU!
KNOW YOUR COMMUNITY**

Challenges

- Minimal spacing available for various inmate classification
 - No step-down units
 - Ship outs
- No detox pods
- Bail/PTR creates barriers for coordination of care
- Length of stay
- Lack capacity to serve individuals with co-occurring disorders
- Functional barriers for justice involved individuals
 - (Housing, mental illness, transportation, financial support, insurance, social supports, etc.)
- The geographic size of St. Louis County, covering 7,092 square miles, poses a particular challenge for transportation
- Staffing
- COVID-19

Contact Information

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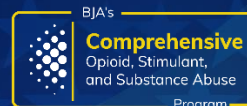
Medicated Assisted Treatment

Steve Durham

Assistant Director

Louisville, Kentucky, Metro Department of Corrections

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I M P A C T

Innovative Medication Program for Addiction Care and Treatment

BELIEVING IN OTHERS

The mission of the Metro Corrections commands that we assess an offender's needs and provide services that assist the offender in their transition and reintegration back into the community.



“I am an ordinary man who worked hard to develop the talent I was given. I believed in myself, and I believe in the goodness of others.” —**Muhammad Ali**

OUR STORY

“We don’t do that anymore”

- Our Words for High System Utilizers
- The Four-Letter Word (not what you think)
- The Medicine
- The Community Connection
- The Backpack

“We don’t do that anymore”

- Our Words for High System Utilizers
 - Frequent Flyers = Familiar Faces
- The Four-Letter Word (not what you think)
- The Medicine
- The Community Connection
- The Backpack

“We don’t do that anymore”

- Our Words for High System Utilizers
- The Four-Letter Word (not what you think)
 - EXIT
- The Medicine
- The Community Connection
- The Backpack

“We don’t do that anymore”

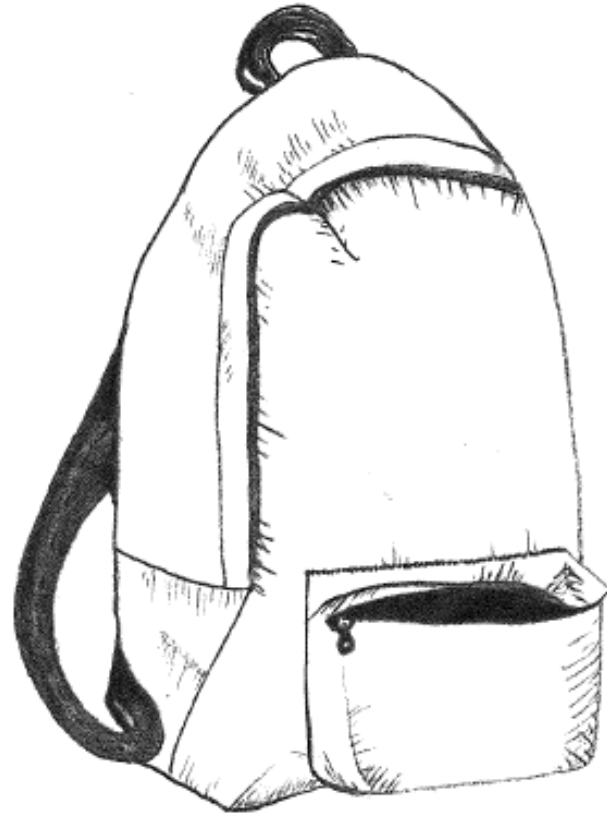
- Our Words for High System Utilizers
- The Four-Letter Word (not what you think)
- The Medicine
 - Added to property
- The Community Connection
- The Backpack

“We don’t do that anymore”

- Our Words for High System Utilizers
- The Four-Letter Word (not what you think)
- The Medicine
- The Community Connection
 - No more sticky notes—now warm handoff
- The Backpack

“We don’t do that anymore”

- Our Words for High System Utilizers
- The Four-Letter Word (not what you think)
- The Medicine
- The Community Connection
- The Backpack
 - No taxpayer cost



“We don’t do that anymore”

Now get out there and make your own mistakes!

Contact Information

Steve Durham

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Case Study: Franklin County Sheriff's Department

Challenges and Opportunities in Implementing Medication-Based Treatment for Opioid Use Disorder

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Learning Objectives

After this session, participants will be able to:

- Understand the risk individuals who struggle with opioid addiction face upon release from incarceration
- Understand cost of MOUD program and how to mitigate diversion
- Understand how to create a workflow that complies with SAMHSA OTP rules and regulations

Program Context



- Population ~73,000
- Franklin County is the only federally designated rural county in Massachusetts
- Jail average daily population of 210 pre-Covid and 140 currently
- County sheriff and district attorney are elected; appointed judges
- Two District Courts and one Superior Court
- Economically depressed area with extensive opiate use

Timeline

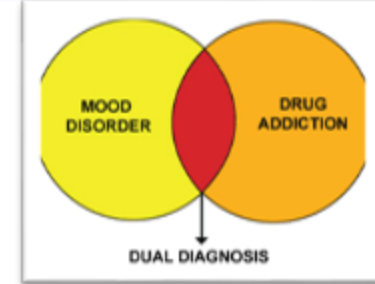
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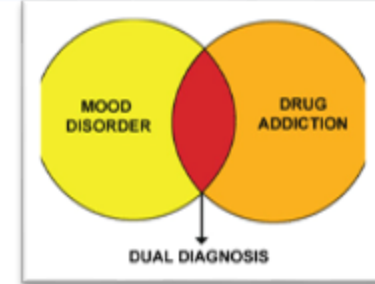
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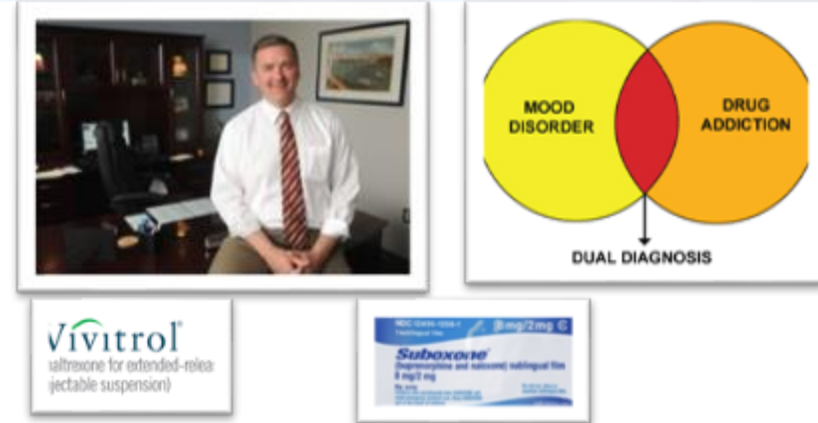
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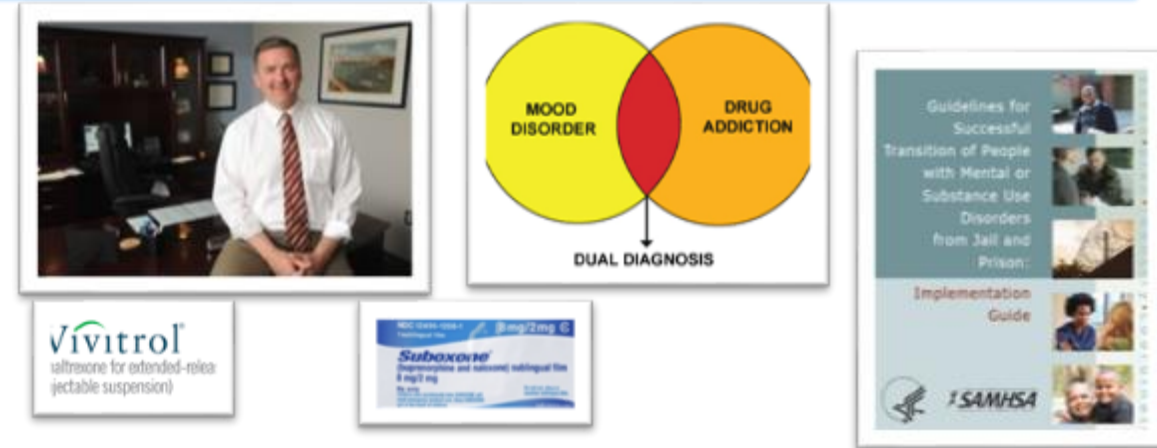
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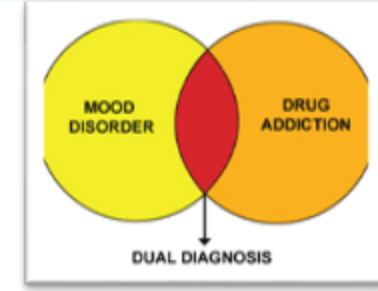
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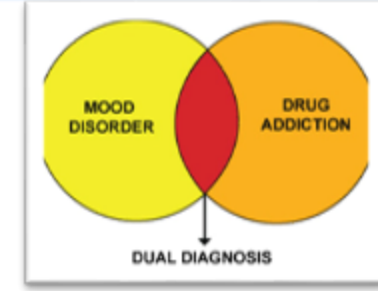
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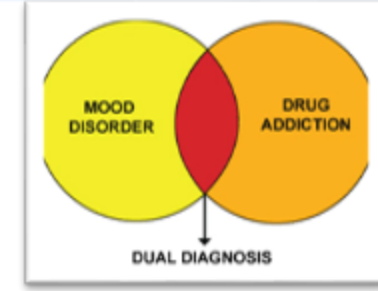
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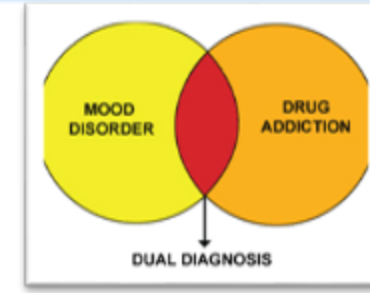
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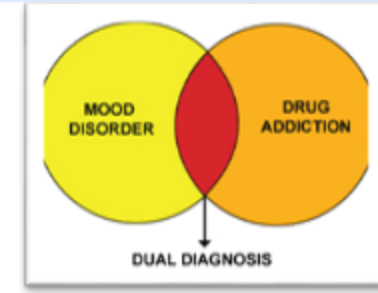
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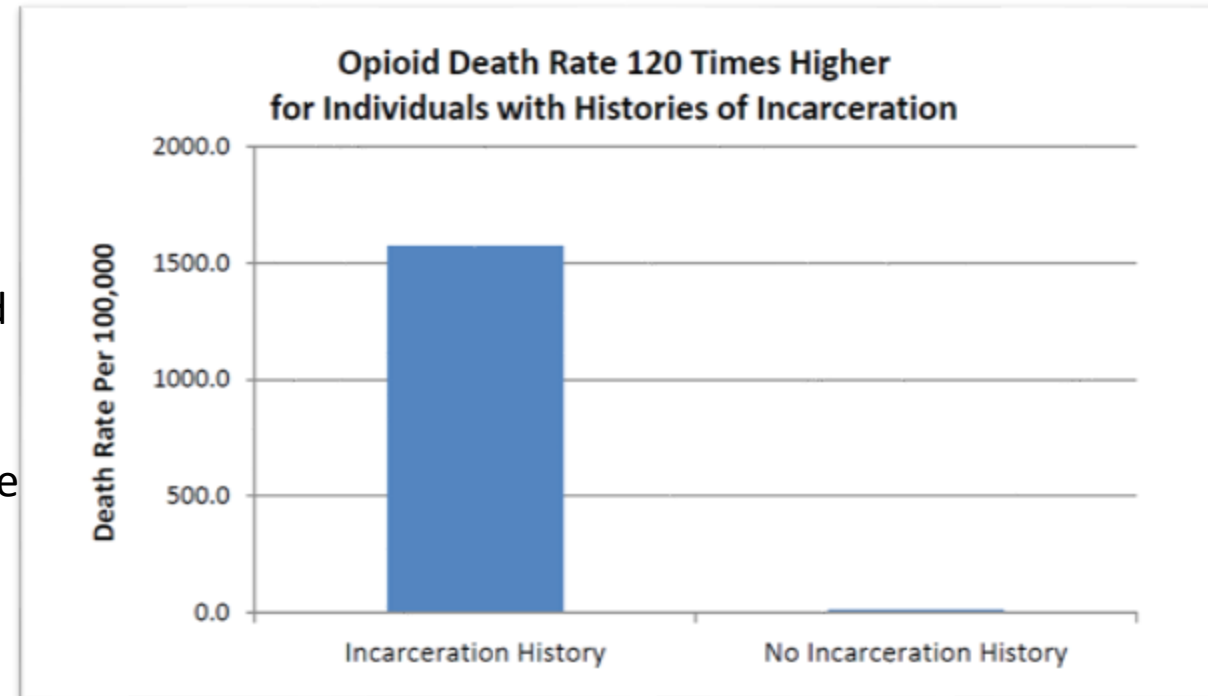
Why do we do this?

Population at Risk: Incarcerated Individuals

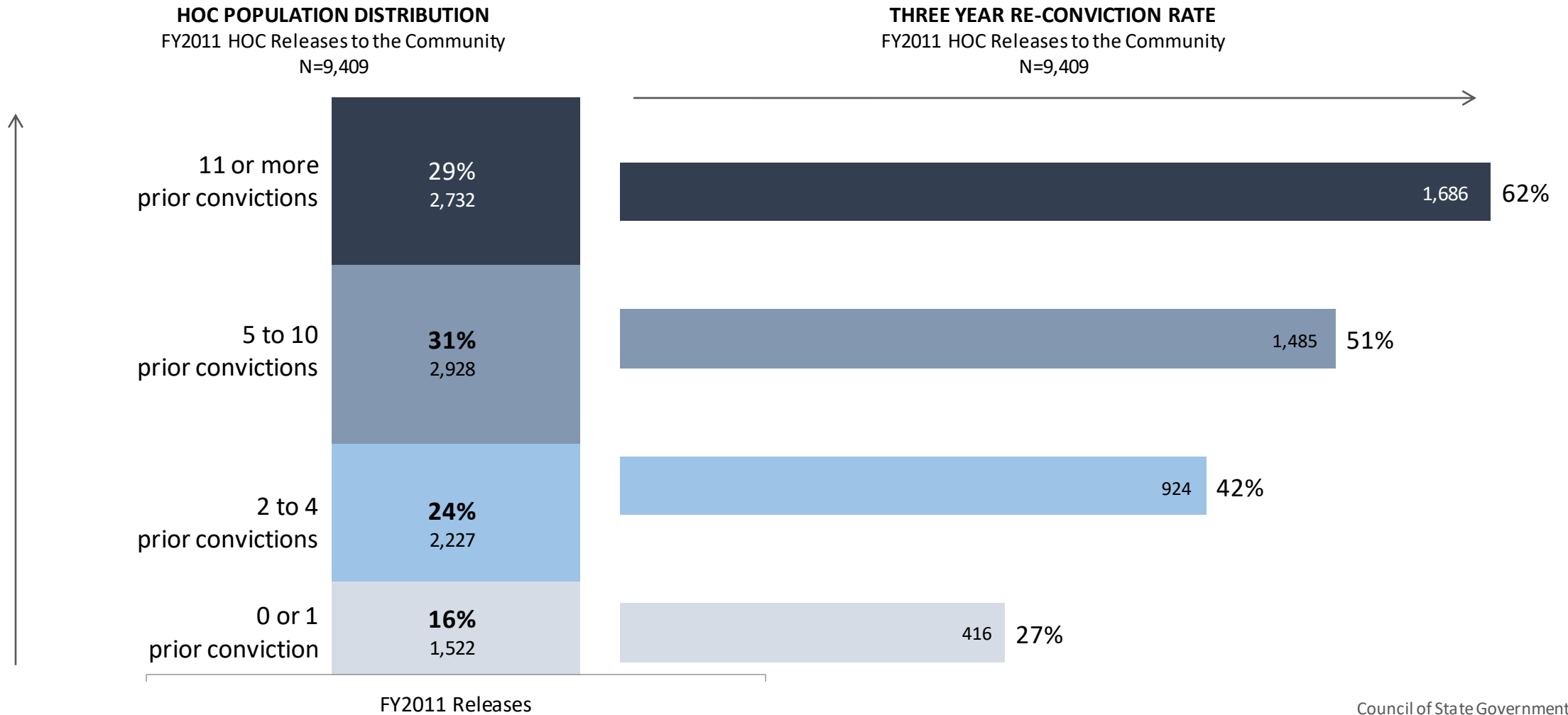
Key Finding: Compared to the rest of the adult population, the opioid-related overdose death rate is 120 times higher for persons released from Massachusetts prisons and jails

Key Finding: Nearly one of every 11 opioid-related overdose deaths were persons with histories of incarceration in Massachusetts jails and prisons

Key Finding: In 2015, nearly 50 percent of all deaths among those released from incarceration were opioid-related

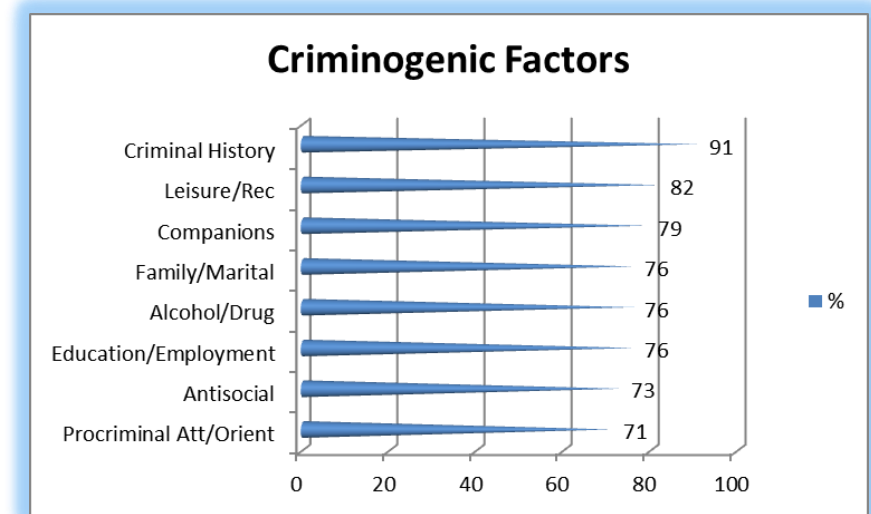
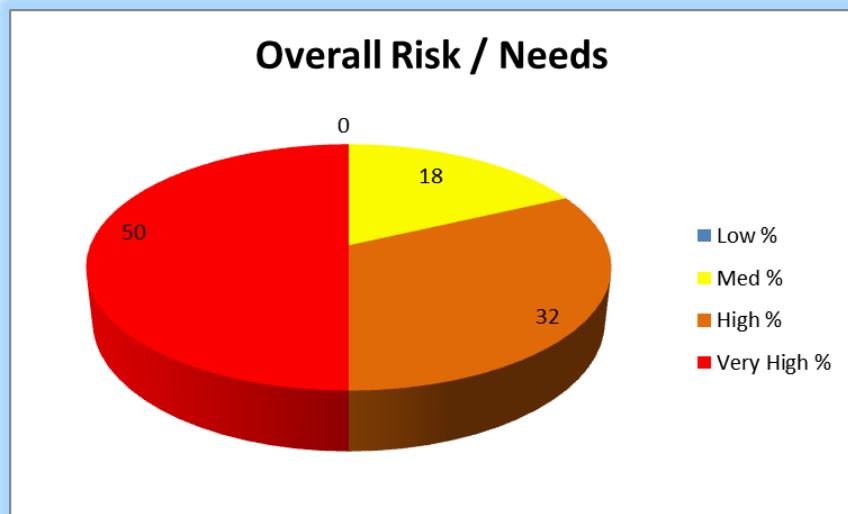
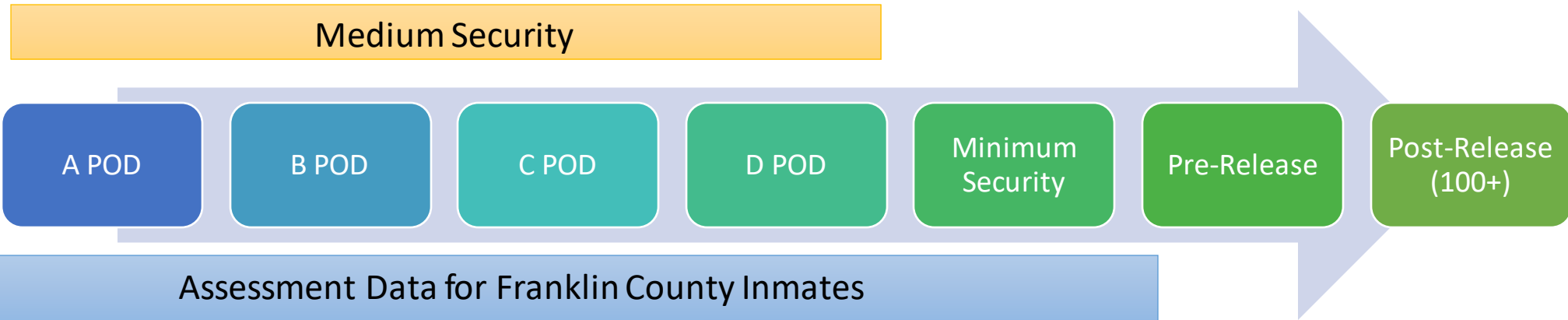


60 percent of HOC releases had five or more prior convictions; people with more extensive criminal history were more likely to recidivate



• In this context, "conviction" refers to a charge or set of charges disposed on a single day. CSG Justice Center analysis of FY2011-2014 Parole SPIRIT HOC data and CORI data.

Who's in the FCSO?



- 82 percent were assessed as high or very high risk to recidivate
- 84 percent have severe childhood trauma per ACE screen
- 86 percent co-occurring SUD and mental health disorders

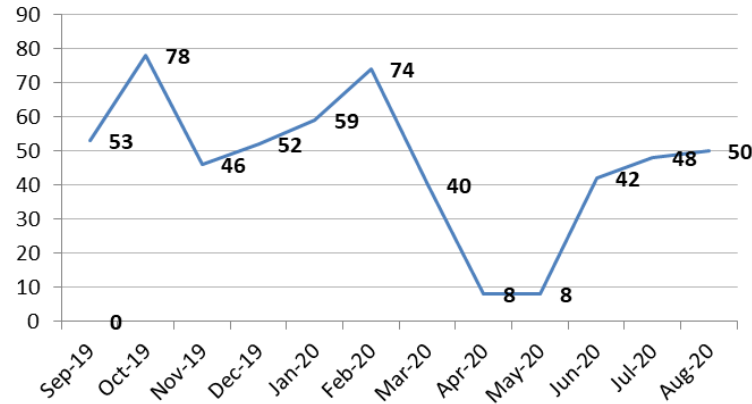
- 1/3 of OUD patients reported they have overdosed
- 42 percent of individuals reported heroin as their primary drug of choice

Analysis of Need

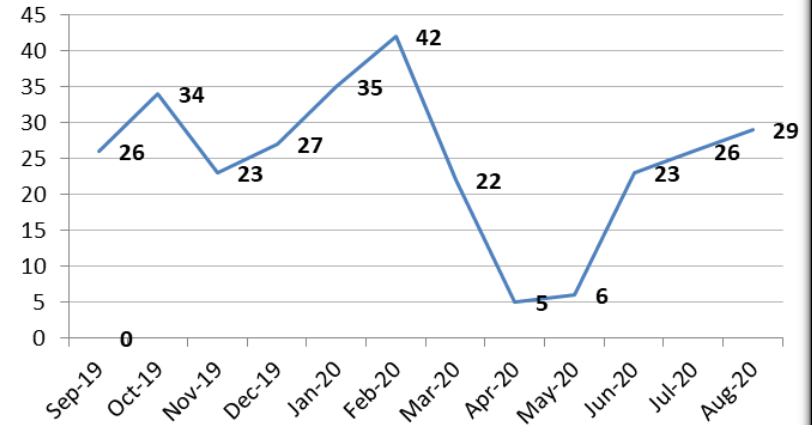
Sept 1, 2019 – Aug 31, 2020

N=1,215

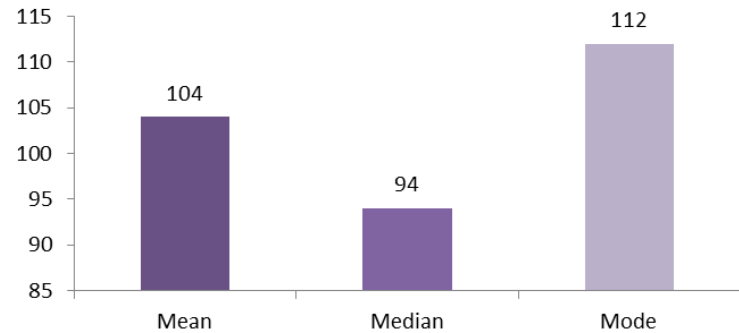
N = 558 Monthly OUD Residents 46%



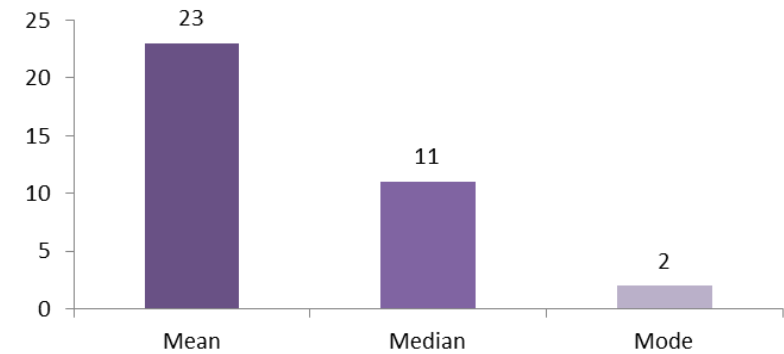
N=298 New Monthly MOUD Patients 53%



Sentenced: Number of days at FCSO on MOUD



Pretrial: Number of days at FCSO on MOUD



77%

Why is MOUD so hard to put in place?

- “Drug Free” Treatment is the model (Nunn 2009, Freidmann 2012)
- Bias against Methadone and Buprenorphine
- Deep concern for diversion within the facility
- Costs of hiring and training staff
- Costs of acquiring the medicines
- Costs of meeting the federal and DPH standards to be an MMT
- Suffering with withdrawal is seen as part of your punishment

Worry About Diversion/Contraband

One of the surprises in Rhode Island, Clarke says, is that the treatment program has itself improved security. As doctors enroll an increasing number of people, Clarke says she hears from patients that the black market for drugs behind the walls is waning. One such patient, whom the authorities

[/www.themarshallproject.org/2017/03/01/a-better-way-to-treat-addiction-in-jail?ref=hp-1-111#.jXOe8PGJq](http://www.themarshallproject.org/2017/03/01/a-better-way-to-treat-addiction-in-jail?ref=hp-1-111#.jXOe8PGJq)

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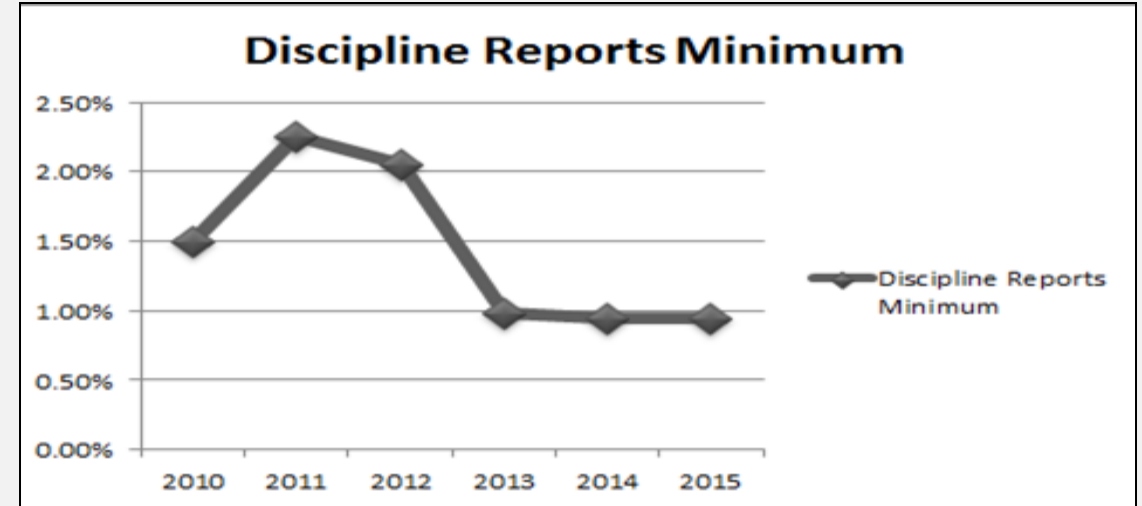
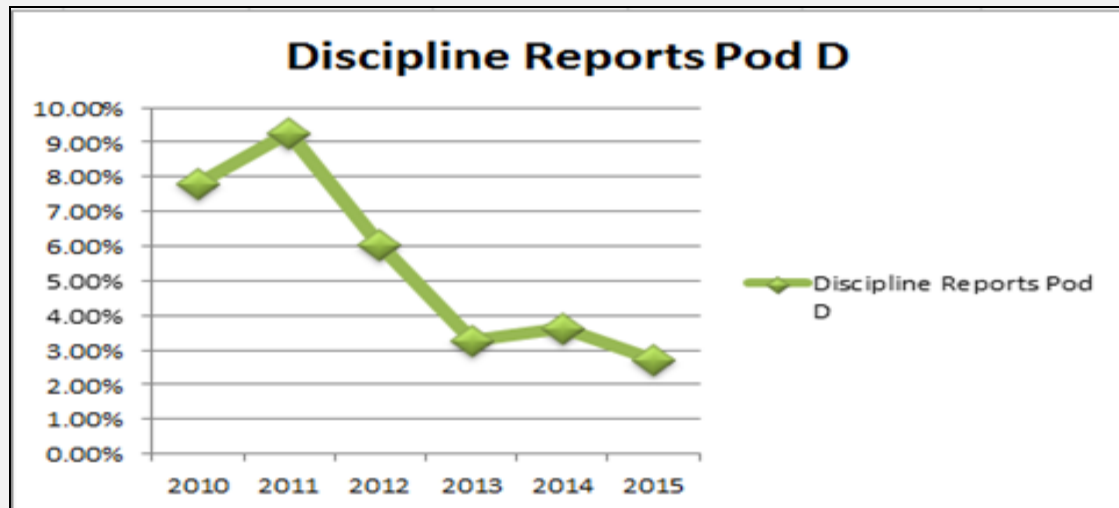
A Better Way to Treat Addiction in Jail | The Marshall Project

asked The Marshall Project not to identify by name, has been in and out of the Rhode Island system for a decade before getting on methadone during his current stay. With money in your commissary, this patient says, it's easy to get drugs like fentanyl in jail. But during his current stay, "it's almost been absent. Almost every opiate addict I know, no one talks about it. It's weird. Everybody's so grateful they're on the Suboxone and methadone, I don't hear much about heroin or pills right now.

Making the Case for Treatment

Discipline Reports within the Facility

Year	D Report A	D Report B	D Report C	D Report D	D Report Minimum	Total Bookings
2010	377	133	119	104	20	1335
2011	334	196	311	132	32	1422
2012	247	47	101	103	35	1708
2013	373	34	98	57	17	1726
2014	302	95	110	62	16	1708
2015	175	46	75	43	15	1571



The Franklin County Jail MAT Program: An Overview

- Security helps keep dispensing process safe
- Reentry begins at the booking
- Assessment driven/dual diagnosis case management
- Intensive skills building: Mindfulness-based CBT (DBT/ACT), trauma-informed care, educational and vocational training
- Medication for Opioid Use Disorder (MOUD)
- Post-release case management
- Community referrals—the “warm hand off”
- Harm Reduction and dissemination of Naloxone kits



Key Components of a MOUD Program

Summary of Costs for 45 Person Daily Program

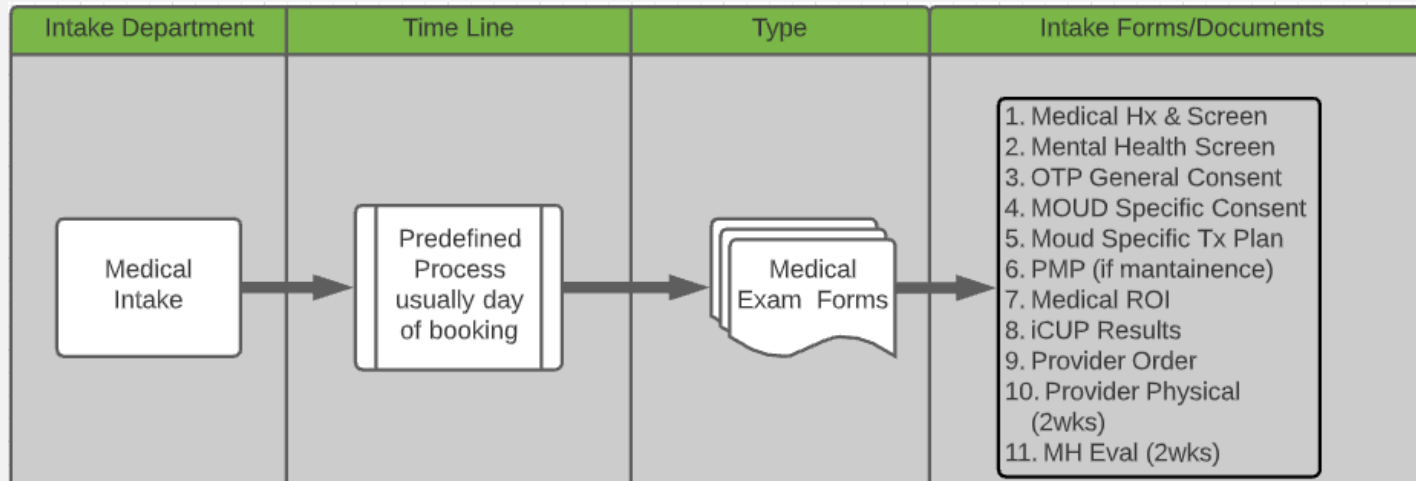
Category	Costs or Hours
Medications	<ul style="list-style-type: none">• Buprenorphine ~\$2.70/pill• Methadone ~ \$0.40/pill
Drug Screening	<ul style="list-style-type: none">• Variable costs
Staffing	
<ul style="list-style-type: none">• Security	<ul style="list-style-type: none">• Corrections Officers to observe MOUD dispensing (2 officers for 3 hrs./day)
<ul style="list-style-type: none">• Medical	<ul style="list-style-type: none">• Nursing Staff (1 full time nurse for dispensing and intake)• Medical Director/Prescriber (8 hrs./week)• Nursing Supervisor (20 hrs./week)
<ul style="list-style-type: none">• Case Management and Behavioral Health	<ul style="list-style-type: none">• Case Manager (1 full time position)• Behavioral Health Clinician (1 full time position)
<ul style="list-style-type: none">• Administration	<ul style="list-style-type: none">• Program Coordinator (15 hrs./week)

Assessment & Screening

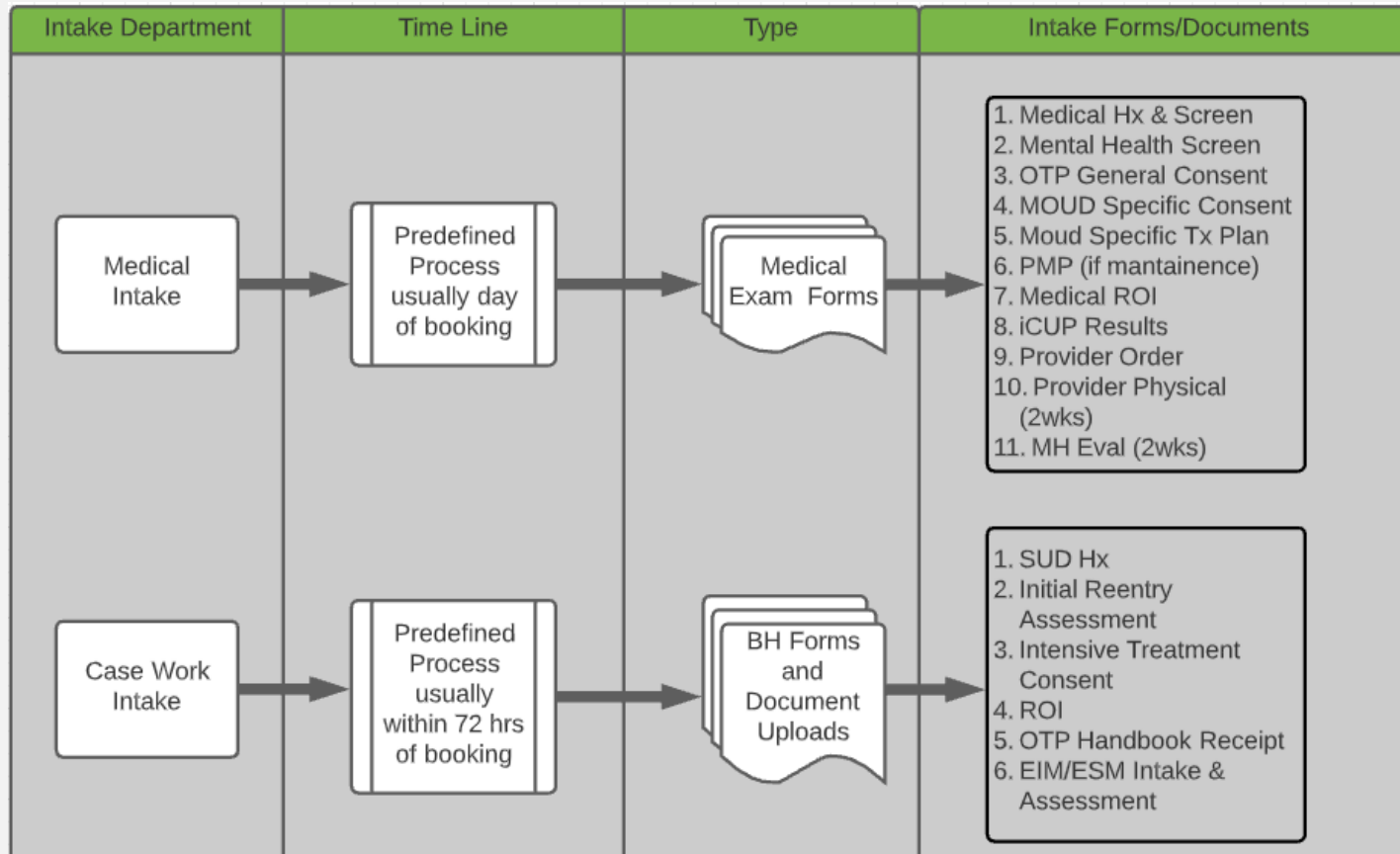
Intake Department	Time Line	Type	Intake Forms/Documents



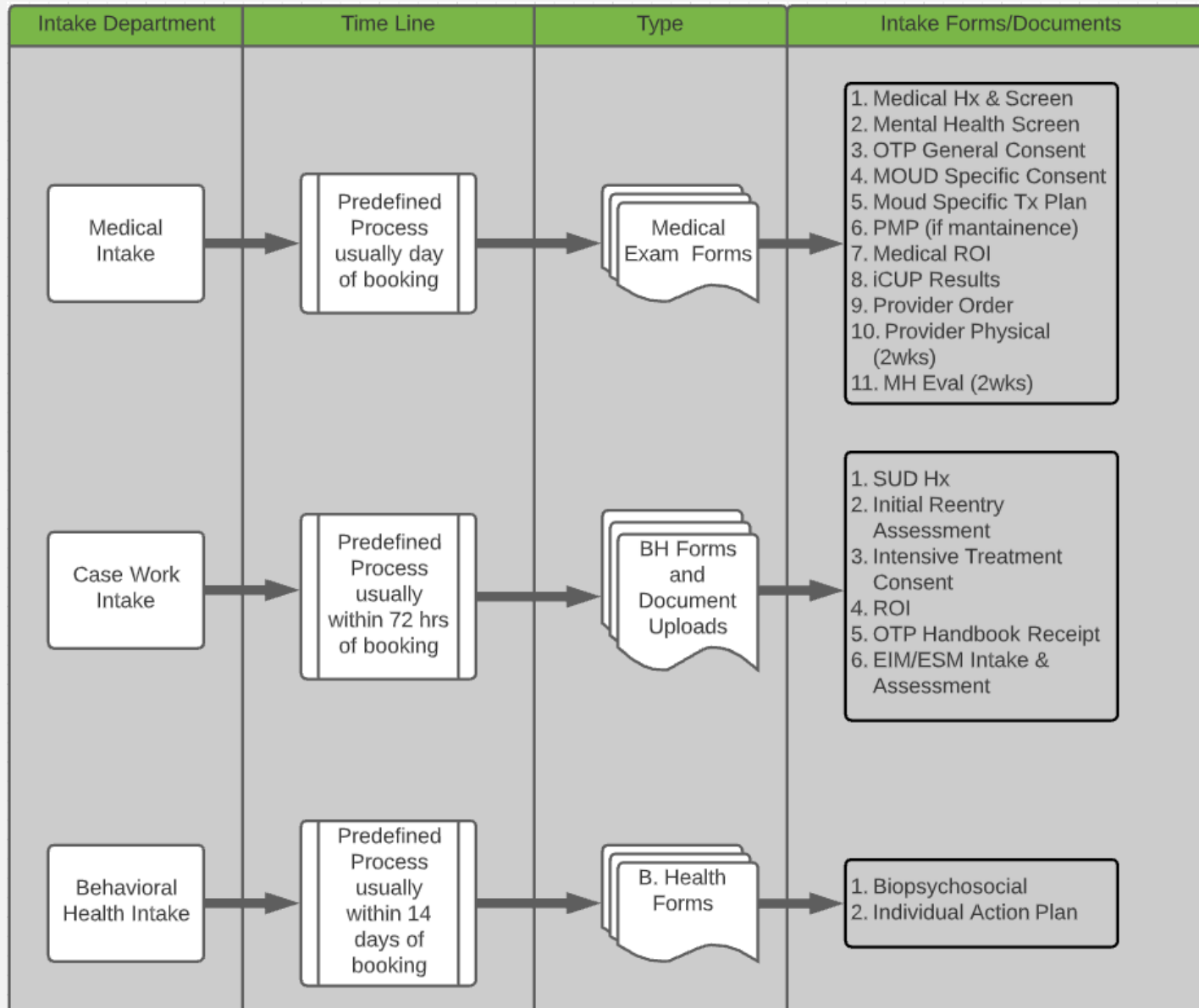
Assessment & Screening



Assessment & Screening



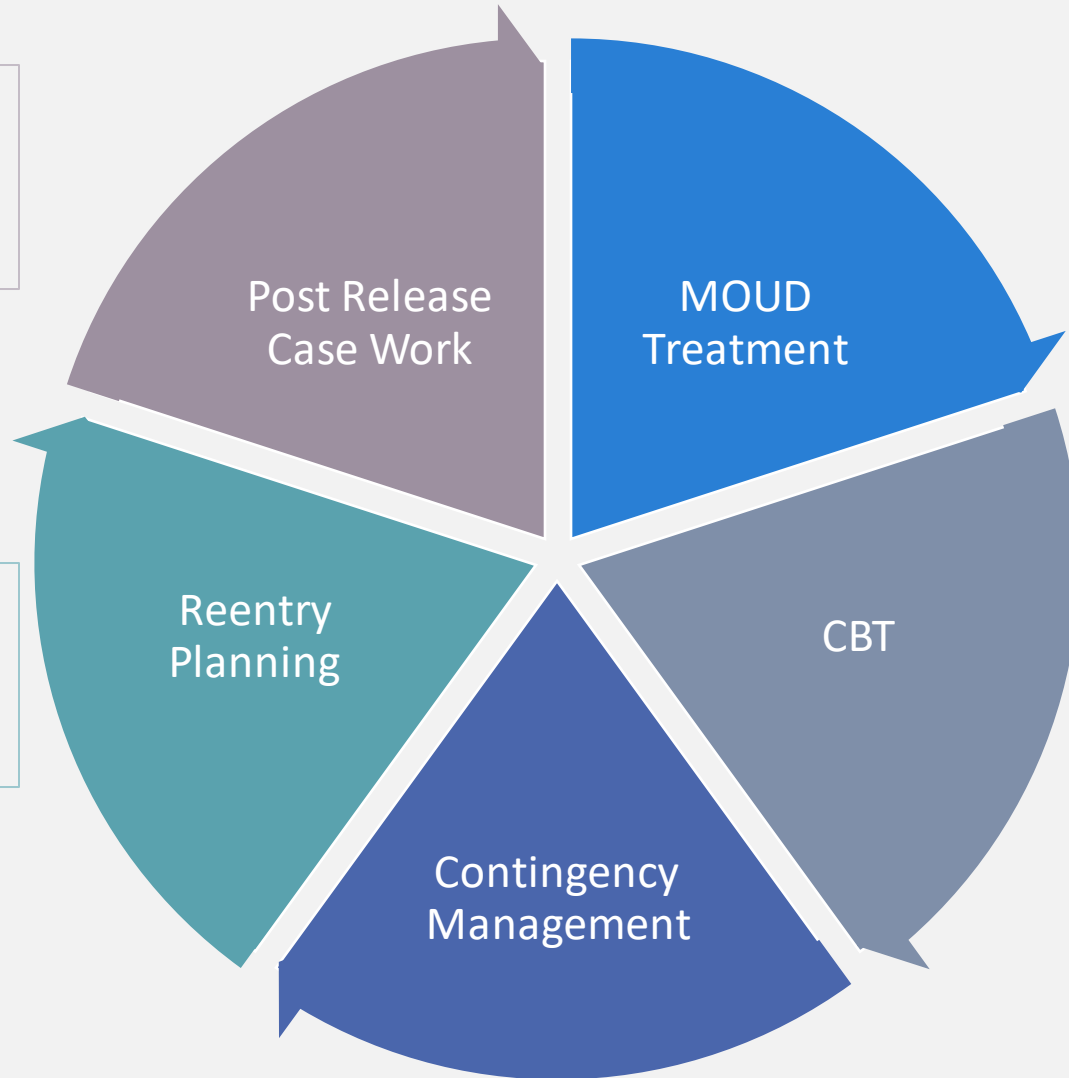
Assessment & Screening



Integrated Care Model

- Ongoing Community Support
- Crisis Intervention
- Higher Levels of Care
- Behavioral Coaching

- Recovery Check Ups
- Establishing Environmental Supports



- Induction, Maintenance, or Reentry MOUD
 - Methadone
 - Buprenorphine
 - Injectable Naltrexone

- DBT Skills for SUD
- Wellness Recovery Action Planning
- Mindfulness Based Recovery
- Focus on: Skills Acquisition

- ACT Skills
- Contingency Management to expedite engagement
- Focus on: Behavioral Activation

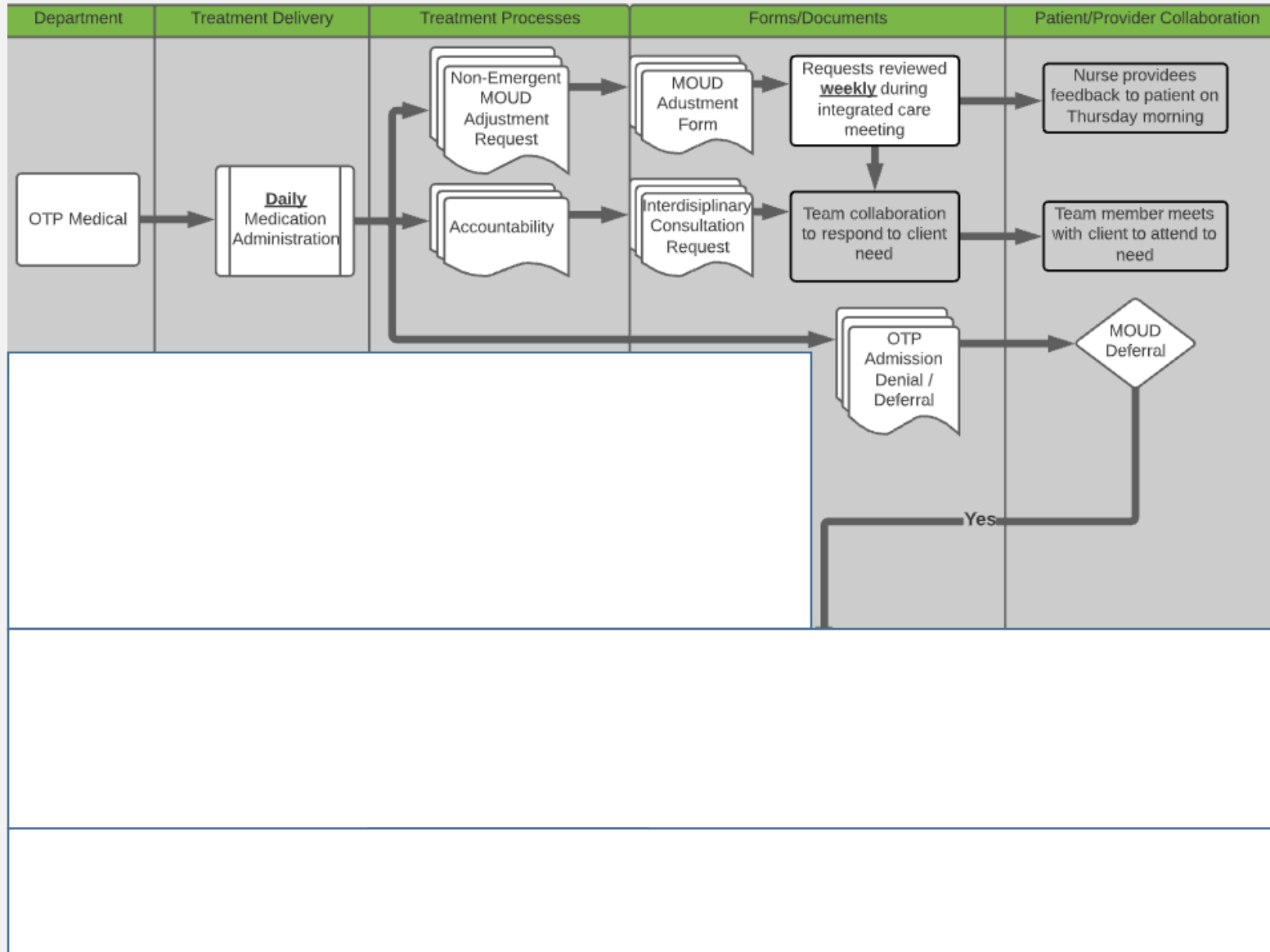


Integrated Care Treatment Interventions

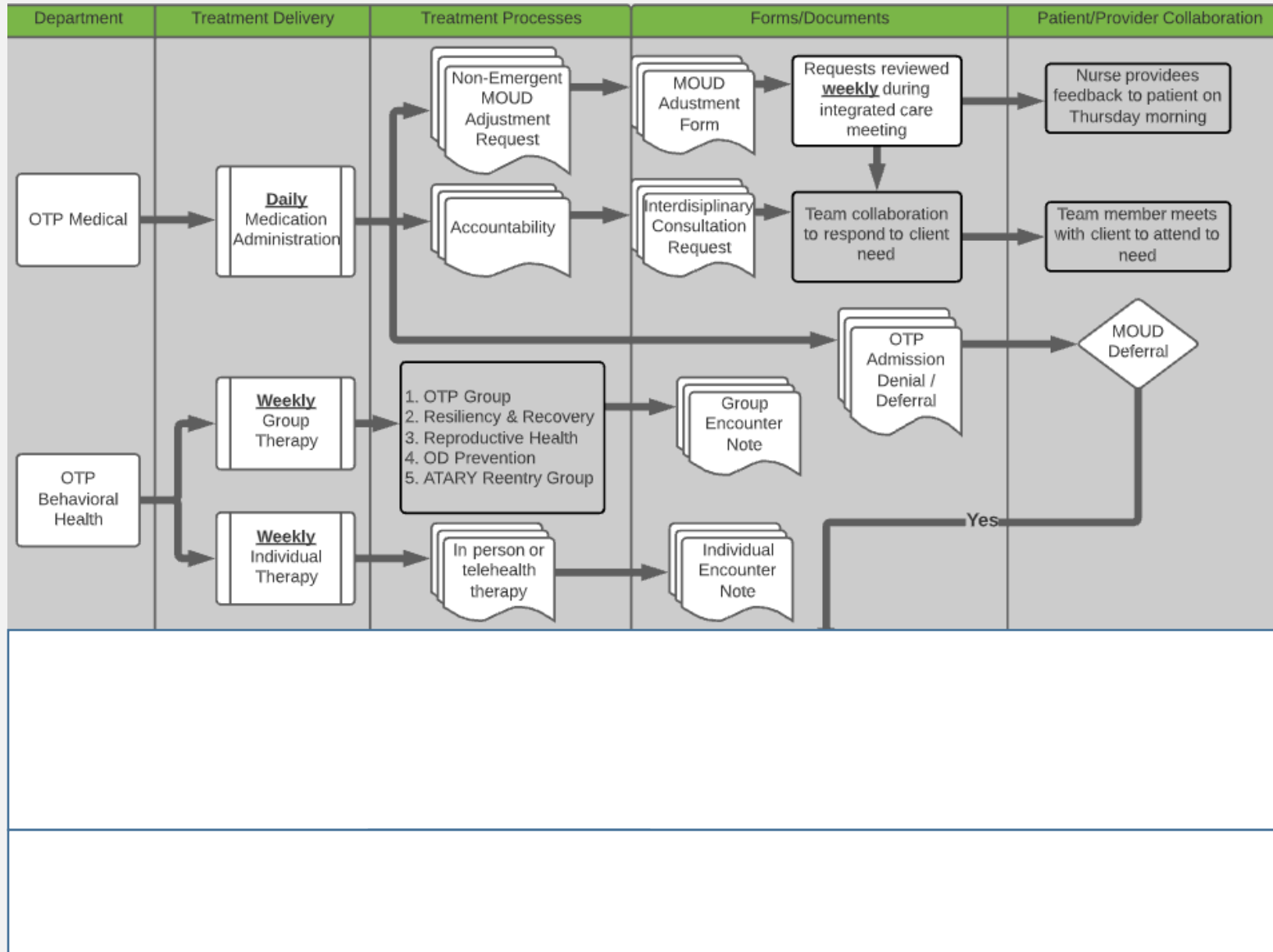
Department	Treatment Delivery	Treatment Processes	Forms/Documents	Patient/Provider Collaboration



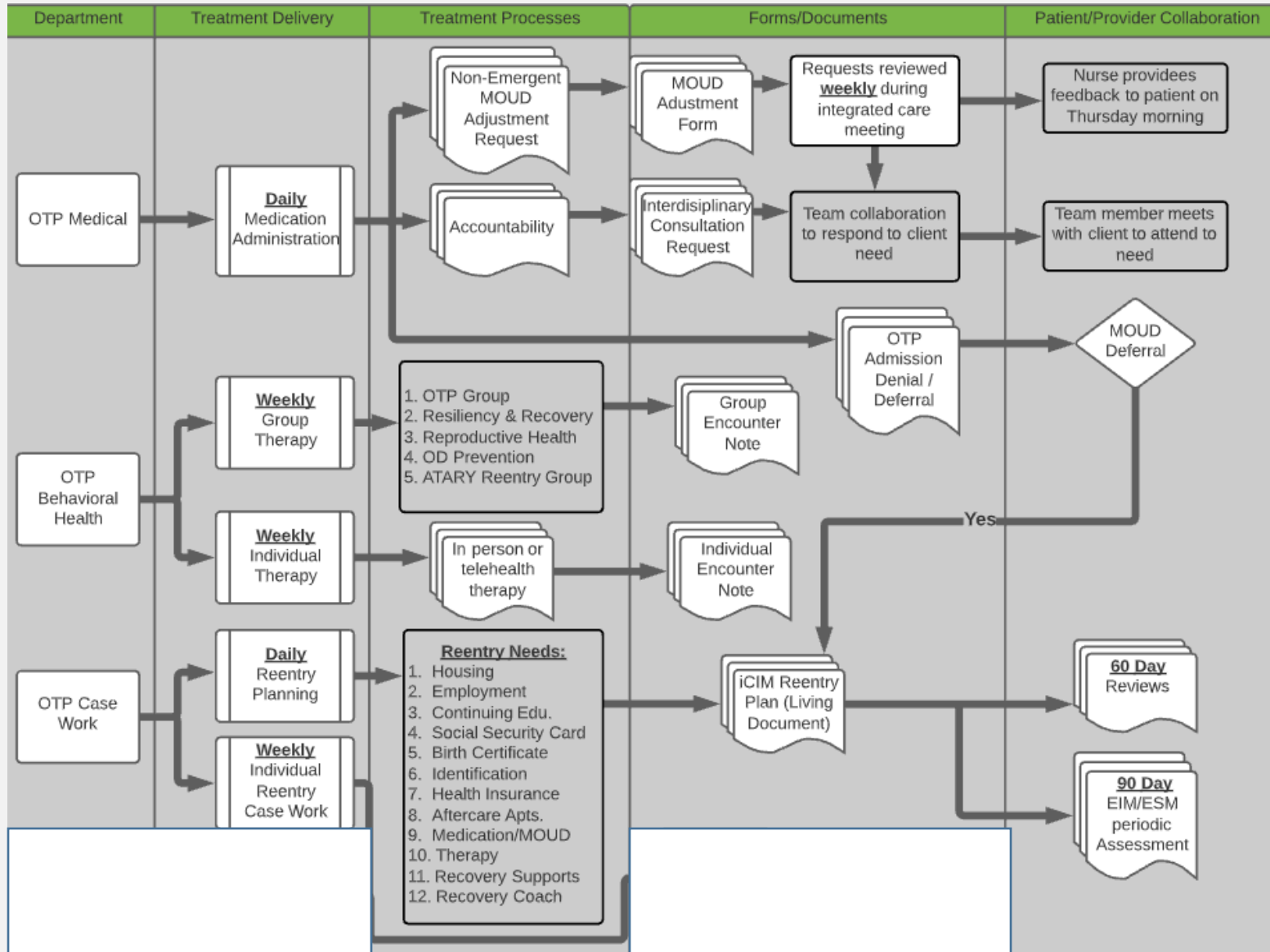
Integrated Care Treatment Interventions



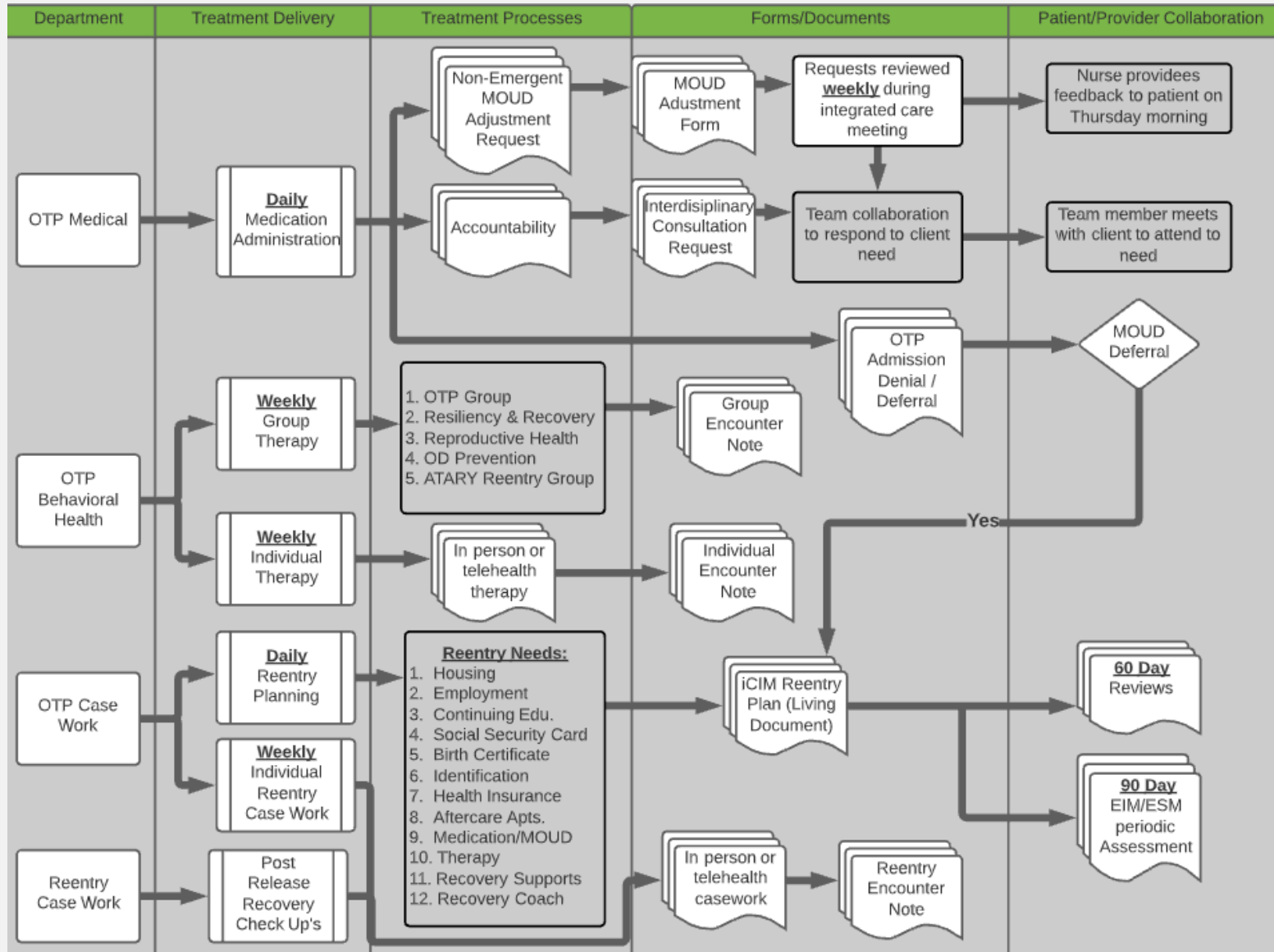
Integrated Care Treatment Interventions



Integrated Care Treatment Interventions



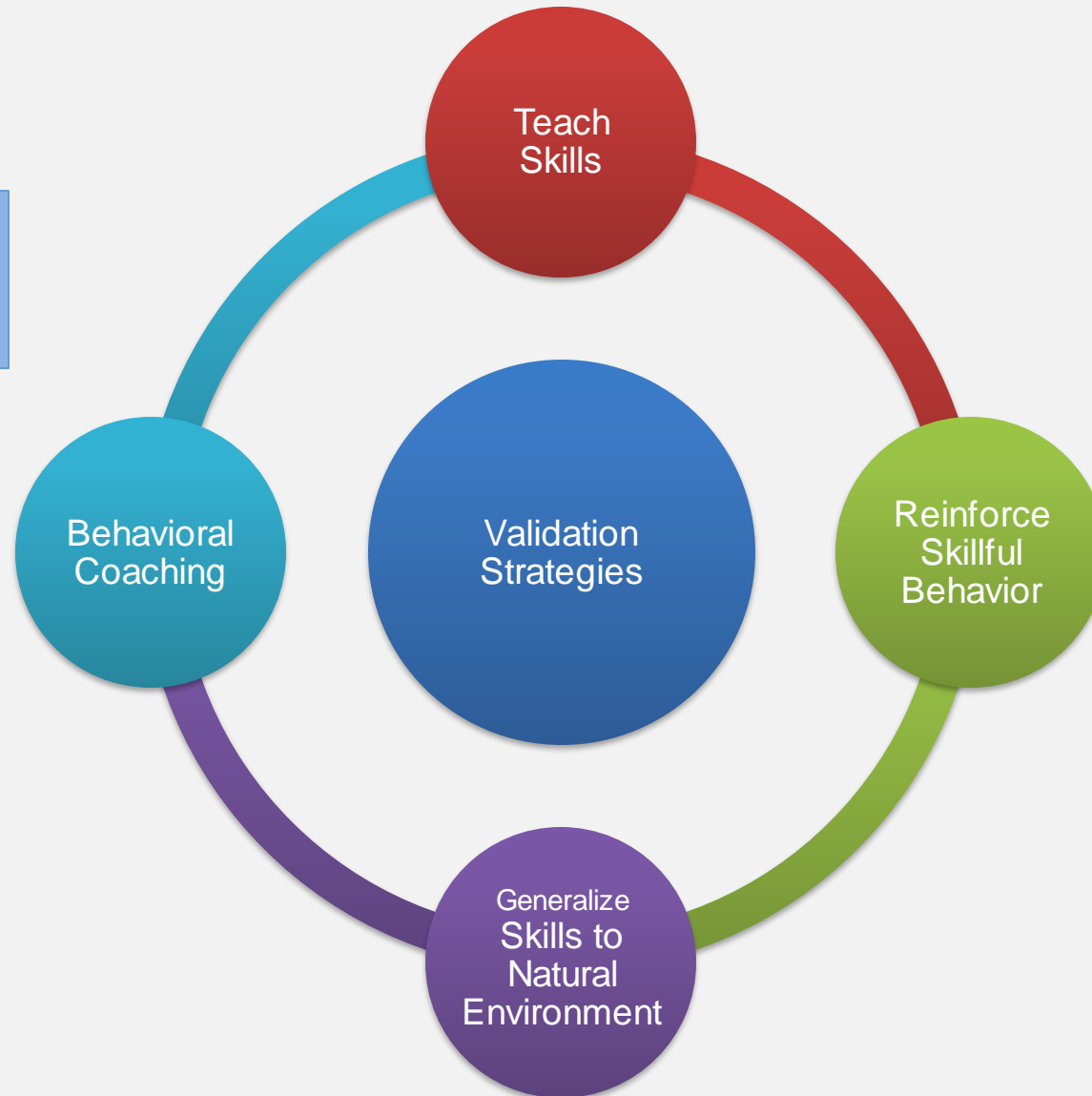
Integrated Care Treatment Interventions



Behavioral Health Model

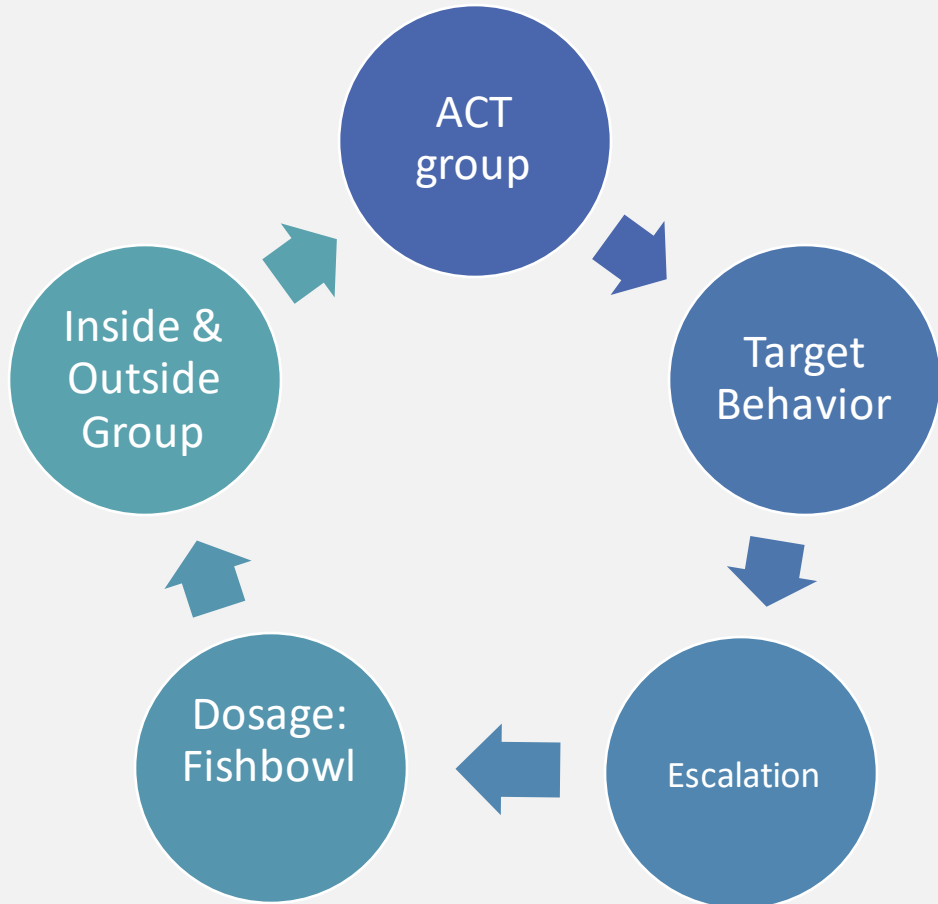
Mindfulness Based
CBT

DBT Informed
Model
of Treatment



Contingency Management

Is there benefit in motivating people to take a risk even if they are not initially inspired to commit to long term change?



Inside Group
 Total chance of winning a monetary prize 29%
 $\$1012 \times 3 \text{ groups} = \$3,036 / \text{year}$

Type	Amount	Price	Chance of winning
Affirmations	71	N/A	71%
Small Prize	20	\$5	20%
Medium Prize	8	\$10	8%
Large Prize	1	\$40	1%

Post Release Group
 Total chance of winning a monetary prize 16.2%
 $\$1,404 \times 3 \text{ groups} = \$4,212 / \text{year}$

Type	Amount	Price	Chance of winning
Affirmations	419	N/A	83.8%
Small Prize	70	\$5	14%
Medium Prize	10	\$20	2%
Large Prize	1	\$100	.2%

Treatment Philosophy: Behavior Falls Into Two Broad Categories



Source: Russ Harris, MD

Behaviors that move us
away from something
(adverse control)

Behaviors that move us
toward something
(appetitive control)

Treatment Philosophy, Simply Put



- Recovery in the service of something
- Acting in line with our values
- Behaving like the person we want to be
- Acting effectively
- Doing things that make life better

Source: Russ Harris, MD

Treatment Philosophy, Simply Put



- Acting unlike the person we want to be
- Acting ineffectively
- Doing things that don't make life better
- Doing things that make life worse

Source: Russ Harris, MD



The behavior of individual's struggling with addiction is often dominated by behavior governed by adverse control

Goal: Create an environment that emphasizes appetitive control



Behaviour Research and Therapy

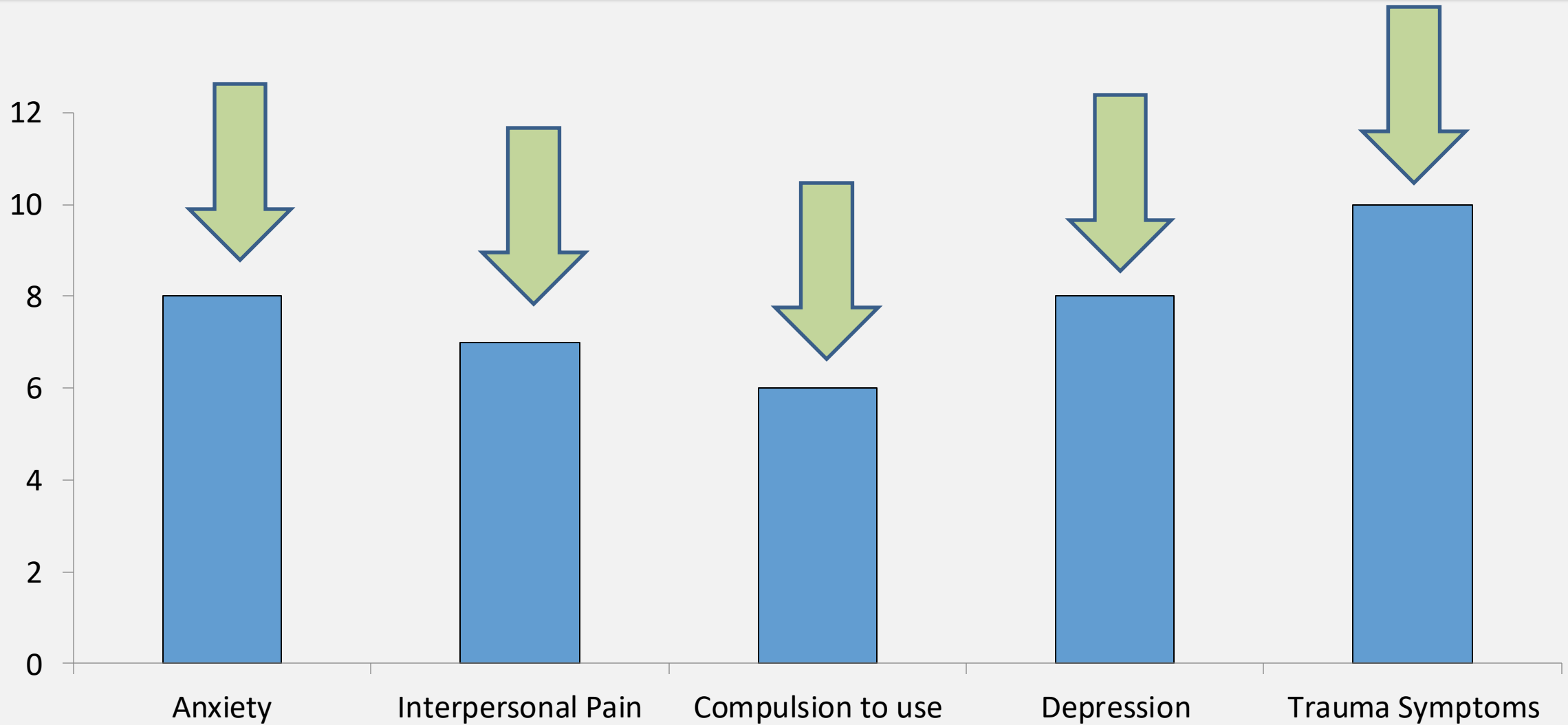
Volume 91, April 2017, Pages 64-71



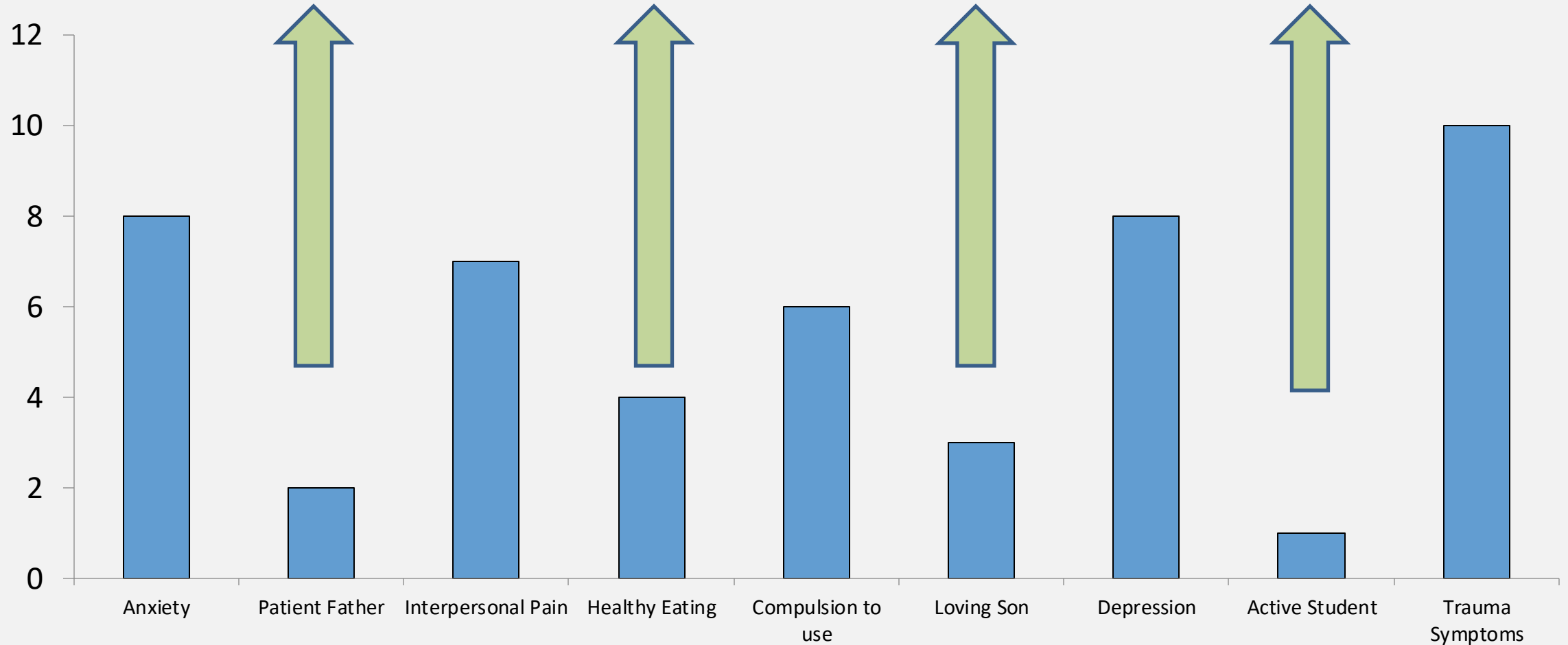
Increasing valued behaviors precedes reduction in suffering: Findings from a randomized controlled trial using ACT

Andrew T. Gloster ^{a, b} ✉, Jens Klotsche ^{c, d}, Joseph Ciarrochi ^e, Georg Eifert ^f, Rainer Sonntag ^g, Hans-Ulrich Wittchen ^b, Jürgen Hoyer ^b

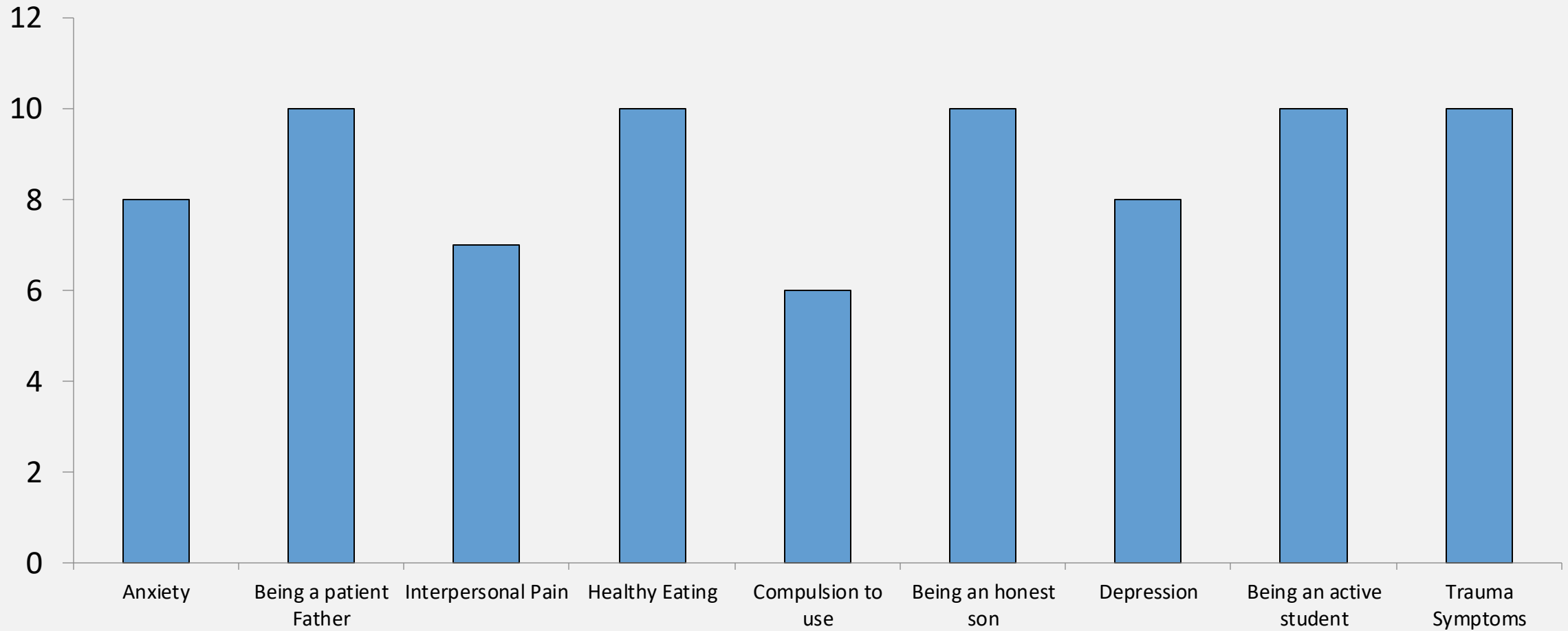
Condition Suppression



Behavioral Activation



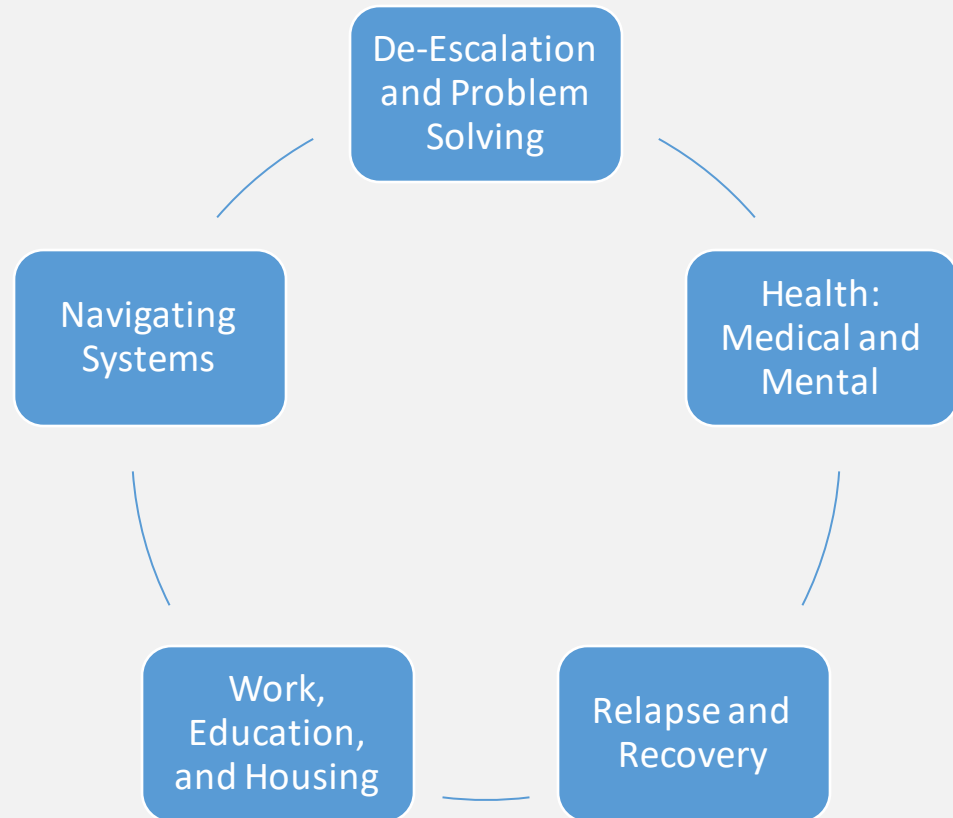
The Goal



Post-release Reentry 2019-Current

532

Post-release clients since 2019



94

Currently active post-release clients



Case Study: Pete

Contact Information

Levin Schwartz is the Assistant Deputy Superintendent of Clinical and Reentry Services at the Franklin County Sheriff's Office (FCSO). Mr. Schwartz has co-developed and implemented what has become a nationally recognized treatment program. He received the 2019 Greatest Contribution to Social Work Award from the Massachusetts chapter of the National Association of Social Workers and the 2017 North Quabbin Community Coalition Bridge Builder Award. Mr. Schwartz uses these opportunities to highlight the need for modern evidence-based treatment public health models of care for the underserved and vulnerable incarcerated population.

Levin Schwartz, LICSW
Assistant Deputy Superintendent
Clinical and Reentry Services
Franklin County Sheriff's Office
www.levinschwartz.com
lschwartz@fcsso-ma.us
Phone: (413) 834-4528



Questions and Answers

<https://cossapresources.org/Program/TTA>



COSSAP GRANT PROGRAM

LEARNING OPPORTUNITIES

AREAS OF FOCUS

PUBLICATIONS & DIGITAL MEDIA

PDMP TTAC

SEARCH

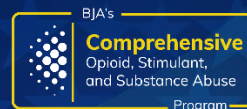
TRAINING AND TECHNICAL ASSISTANCE

The COSSAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse.

Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources.

REQUEST TTA

If you are interested in requesting training and technical assistance, please complete the form at <https://www.cossapresources.org/Program/TTA>.

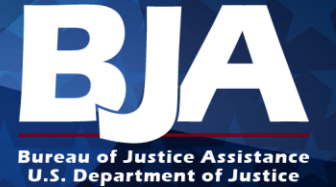
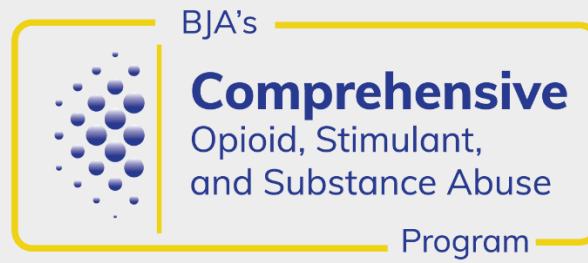


COSSAP Resources

Tailored Assistance—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation’s substance abuse crisis. ***You do not need to be a COSSAP grantee to request support.*** TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at <https://cossapresources.org/Program/TTA/Request>.

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at <https://www.cossapresources.org/Program/Applying>.

Join the COSSAP community! Send a note to COSSAP@iir.com with the subject line “Add Me” and include your contact information. We’ll be happy to ensure you receive the latest-and-greatest COSSAP opportunities, resources, and updates.



2021 Virtual COSSAP National Forum

COSSAP 2021: New Partners, New Tools, Renewed Hope

<https://www.cossapresources.org>