Supporting Continuity of Care Throughout Justice Involvement: Initiating and Maintaining Treatment upon Entry into Jail

September 7, 2021
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.
Welcome and Introductions
Welcome/Presenters

Welcome – Becky Berkebile, TTA Deputy Director, Advocates for Human Potential, Inc.

Presenters:

• Ruth A. Potee, MD, FASAM
• Bruno Martinez, MHA
• Valencia Peterson, PA-C, CAQ in Psychiatry, CCHP
• Kristin Modin, PhD, LPC, LAC
Presenter

Ruth A. Potee, MD, FASAM

• Is a board-certified family physician and addiction medicine physician who works in western Massachusetts.

• Attended Wellesley College and Yale University School of Medicine.

• Did her residency at Boston University, where she remained an assistant professor of family medicine for 8 years.

• Is currently the medical director for the Franklin County House of Corrections, the director of addiction services for the Behavioral Health Network, the medical director for the Pioneer Valley Regional School District, and the co-chair of the Healthcare Solutions Committee of the Opioid Task Force of Franklin County and the North Quabbin Region.

• Was named Franklin County Doctor of the Year by the Massachusetts Medical Society in 2015.
Presenter

Bruno Martinez, MHA

• Is operations manager of behavioral health services and interim administrative director of emergency medicine at Denver Health.

• Worked as a research and managed-care analyst at Katz Brunner Healthcare, a consulting firm focused on rural health, critical access hospitals, and sole community hospitals.

• Is a graduate of the University of North Carolina at Charlotte.

• Led operational projects during an administrative fellowship at Denver Health, executing leadership initiatives in the operating room, emergency department, business development, and community health clinics.

• Was a program manager with Denver Health’s Behavioral Health Department, leading the Jail to Community program within Denver’s correctional system.
Valencia Peterson, PA-C, CAQ in Psychiatry, CCHP

- Is a board-certified psychiatric physician assistant who joined Denver Health in 2018.
- Specializes in providing medication assisted treatment (MAT) for patients with opioid and/or alcohol use disorders in Denver’s city and county jails.
- Earned her master’s degree in physician assistant studies from the University of Colorado School of Medicine.
Kristin Modin, PhD, LPC, LAC

- Serves as the clinical supervisor of the Jail to Community team at Denver Health.
- Previously worked as a clinical therapist at Independence House Fillmore, a residential dual diagnosis treatment program for individuals serving prison, parole, and diversion sentences.
- Has a doctorate in forensic psychology from Alliant’s Center for Forensic Studies in Fresno and a Master’s degree in clinical forensic psychology from the University of Denver.
Learning Objectives
Learning Objectives

• Describe the importance of quick access to treatment in jail settings as a mechanism to prevent overdose, overdose deaths, and untreated substance use disorders (SUDs).

• List three jail intake and booking strategies to increase the identification and participation of individuals with SUDs in treatment.

• Discuss ways to incorporate strategies into local jail programs and processes.
Jail to Community Program
Denver Health

Bruno Martinez, MHA
Valencia Peterson, PA-C, CAQ in Psychiatry, CCHP
Kristin Modin, PhD, LPC, LAC
Section 1: Prompt Access to Care
Considerations for Treatment

• Prevent overdose
  • Improve access to alcohol or opioid addiction treatment and recovery services to patients in the Denver City and County Jails.
  • High risk of relapse and overdose post-release for incarcerated individuals
  • MAT (suboxone or vivitrol); methadone induction not currently available
  • Narcan free of charge
  • Continuity of care in community

• Overdose deaths
  • Increased approximately 39% in Colorado from January 2020 to January 2021.
  • Nation-wide there was a 30.9% increase in overdose deaths during this time frame.
  • Increase in fentanyl-associated deaths

• Untreated substance use disorders
  • Adversely impacts public health and safety and causes economic burden
  • Poses legal risks and subsequent higher rates of recidivism
Section 2: Identification and Participation
Strategies and Approach

• Identification of individuals with SUDs
  • Automatic referrals
  • SUD inquiry during medical assessment
  • Low barrier to submit program application
  • Timely follow up

• Participation of individuals with SUDs in treatment
  • Trauma-informed treatment
  • Comprehensive assessments
  • Transparency of services
  • Therapy follow-ups
  • Patient-centered care
  • Risk/harm reduction
Section 3: Implementation
Implementation

• Partnerships
  • Denver Sheriff’s Department (DSD)
    • DSD operational support
    • Infrastructure – physical and electronic
  • Denver Health
    • Medical team
    • Scope, swim lanes, standard processes

• Leadership
  • Support from executives
    • Opioid use disorder as executive initiative in Denver
  • Education to front line
    • New treatment strategies and misconceptions and stigma
Contact Information

• Bruno Martinez
  • Bruno.Martinez@dhha.org

• Kristin Modin
  • Kristin.Modin@dhha.org

• Valencia Peterson
  • Valencia.Peterson2@dhha.org
SUD Screening, Assessment, and Treatment in Correctional Settings

Ruth A. Potee, MD, FASAM
<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th></th>
<th>2006</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Federal Prison</td>
<td>84,787</td>
<td>80.3</td>
<td>164,521</td>
<td>86.2</td>
</tr>
<tr>
<td>State Prison</td>
<td>871,636</td>
<td>81.0</td>
<td>1,101,779</td>
<td>84.6</td>
</tr>
<tr>
<td>Local Jail</td>
<td>380,677</td>
<td>73.4</td>
<td>648,664</td>
<td>84.7</td>
</tr>
<tr>
<td><strong>Total Substance-</strong></td>
<td><strong>1,337,099</strong></td>
<td><strong>78.6</strong></td>
<td><strong>1,914,964</strong></td>
<td><strong>84.8</strong></td>
</tr>
<tr>
<td><strong>Involved Inmates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 2.B
Percent of Federal, State & Local Inmates by Type of Crime Committed and (Percent that Are Substance Involved)

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
<th>Substance Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent</td>
<td>37.0</td>
<td>(77.5)</td>
</tr>
<tr>
<td>Alcohol/Drug</td>
<td>29.2</td>
<td>(100)</td>
</tr>
<tr>
<td>Property</td>
<td>19.2</td>
<td>(83.4)</td>
</tr>
<tr>
<td>Other</td>
<td>13.3</td>
<td>(76.9)</td>
</tr>
</tbody>
</table>

Note: Totals equal percent of inmates incarcerated by type of crime; shaded areas equal percent of inmates who are substance involved. An additional 1.3% of inmates committed crimes that were not specified; 51.2% were substance involved.

Common Disease—Screening

• Diabetes
  • Point-of-care (POC) blood sugar, HbA1C (Hemoglobin test), urinalysis, review medication list, look for other signs or symptoms of the disease

• Tuberculosis
  • Finger stick, purified protein derivative, interferon-gamma release assays

• Major mental illness
  • Screening questionnaire, review medication list, release of information (ROI) to talk to other providers, previous known history of psychiatric hospitalizations
Screening for SUD

Ask the questions  |  Texas Christian University (TCU) Drug Screen

During the last 12 months (before being locked up, if applicable):

1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?
2. Did you try to cut down on your drug use but were unable to do it?
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?
4. Did you get so high or sick from drugs that it (a) kept you from doing work, going to school, or caring for children? (b) caused an accident or put you or others in danger?
5. Did you spend less time at work, school, or with friends so that you could use drugs?
6. Did your drug use cause (a) emotional or psychological problems? (b) problems with family, friends, work, or police? (c) physical health or medical problems?
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before?
8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?
9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?
Screening for SUD (cont’d.)

Ask the questions | TCU Drug Screen

10. Which drug caused the most serious problem? [CHOOSE ONE]

- None
- Alcohol
- Marijuana/Hashish
- Hallucinogens/LSD/PCP/Psychodelics/Mushrooms
- Inhalants
- Crack/Freebase
- Heroin and Cocaine (mixed together as Speedball)
- Cocaine (by itself)
- Heroin (by itself)
- Street Methadone (non-prescription)
- Other Opiates/Opium/Morphine/Demerol/Fentanyl
- Methamphetamines
- Amphetamines (other uppers)
- Tranquilizers/Barbiturates/Sedatives (downers)

(Sources: Institute of Behavioral Research, 2020; Texas Christian University, 2021)
Laboratory Evaluation

What Can Be Tested

• Urine
• Saliva
• Hair
• Nails
• Breath
• Blood
• Sweat

Types of Tests

• POC testing: cups, strips, automatic strips
• Immunoassay run in lab
• Gas chromatography/mass spectroscopy
Why Point of Care (POC) Testing?

- Fast
- Cheap
- Presumptive
- Qualitative and not quantitative
- High false positive
- High false negative
- Subject to reading errors
Immunochromatography

What do we test for at our jail above the “usual”? Fentanyl and alcohol

Negative Screen Result: Colored lines adjacent to each target drug name and in the control (C) regions will appear. The color intensity of the line for the target drug may be weaker or stronger than that of the control line; however, any line, no matter how faint, should be interpreted as a negative result.

Positive Screen Result: Colored lines appear in the control regions (C) but do not develop in the test region. The absence of any line in any target drug test region indicates a positive result for that drug or drug metabolite. In this example, the screen is positive for THC and negative for all other targeted drugs.
Suffolk County Sheriff Investigating Deaths Of 3 People In Custody

Updated August 05, 2021  By Deborah Becker

Suffolk County House of Correction. (Jesse Costa/WBUR)
Tell Me About a Time When You Were in Sustained Recovery.

- How long was it?
- How did you feel?
- What helped you get there?
- What disrupted it?
- How do we get you back there again?
### General guidelines

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>Long history of use, high opioid tolerance, unstable life needing lots of structure and support</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Mild-to-moderate dependence, greater life stability, more potential for abuse</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>Mild-to-moderate dependence, greater life stability, greater risk of relapse and overdose</td>
</tr>
</tbody>
</table>
Methadone Effectiveness

Thank you to Jennifer Clarke, MD, MP, Medical Director, RI-DOC, for this slide.

(Source: Gunne & Grönbladh, 1981)
Thank you to Jennifer Clarke, MD, MPH, Medical Director, RI-DOC, for this slide.

(Source: Gunne & Grönbladh, 1981)
Thank you to Jennifer Clarke, MD, MPH, Medical Director, RI-DOC, for this slide.

(Source: Gunne & Grönbladh, 1981)
Franklin County Jail Is The First Jail In The State That's Also A Licensed Methadone Treatment Provider

November 12, 2019  By Deborah Becker

Nurse Jennifer Mailet prepares addiction medications at the Franklin County Jail in Greenfield. (Deborah Becker/WBUR)
What Are the Benefits of MAT in Corrections?

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduces <em>illicit opioid use</em> post-incarceration</td>
<td>Mattick, Breen, Kimber, &amp; Davoli, 2009</td>
</tr>
<tr>
<td>Reduces <em>criminal behavior</em> post-incarceration</td>
<td>Deck et al., 2009</td>
</tr>
<tr>
<td>Reduces mortality and <em>overdose risk</em> post-incarceration</td>
<td>Degenhardt et al., 2011; Kerr et al., 2007</td>
</tr>
<tr>
<td>Reduces <em>HIV risk behaviors</em> (i.e., injection drug use) post-incarceration</td>
<td>MacArthur et al., 2012</td>
</tr>
</tbody>
</table>

Additional *social, medical, and economic* benefits of providing MAT to inmates who are opioid-dependent are well documented.

(Sources: Mattick et al., 2009; Deck et al., 2009; Degenhardt et al., 2011; Kerr et al., 2007, MacArthur et al., 2012; Rich et al., 2015; Zaller et al., 2013; McKenzie et al., 2012; Heimer et al., 2006; Dolan et al., 2003)
Why is Medication for Opioid Use Disorder Difficult to Put Into Place?

• “Drug-free” treatment is the model. \(^1,2\)
• 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 federal and Department of Public Health standards to provide methadone maintenance treatment
• Suffering with withdrawal is seen as part of the person’s punishment.

(Sources: Nunn et al., 2009\(^1\); Freidmann et al., 2012\(^2\))
Contact Information

• Ruth A. Potee
  • www.ruthpotee.com
References


References (2 of 4)


References (3 of 4)


References (4 of 4)


Questions?
If you are interested in requesting training and technical assistance, please complete the form at [https://www.cossapresources.org/Program/TTA](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](https://cossapresources.org/Program/TTA/Request).

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at [https://www.cossapresources.org/Program/Applying](https://www.cossapresources.org/Program/Applying).

Join the COSSAP community! Send a note to [COSSAP@iir.com](mailto: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.