Medication-Assisted Treatment in Clark County Jail

Clark County Sheriff’s Office

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**Workshop Objectives**

1. Summarize the need and benefit of medication-assisted treatment programs in jails and describe the MAT program in Clark County jail including jail specific program elements: logistical and operational features, in-custody treatment, medical evaluations, medications and internal/external partnerships.

2. Describe crossover with the jail’s CIT for Corrections program including types of MAT treatment, signs/symptoms of opiate use, opiate use/detox related crisis responses for persons with dependence and reducing the misconceptions related to individuals impacted by the opiate epidemic.

3. Identify the network of post release supports (housing, behavioral health services, peer support, legal supervision etc) to increase engagement in substance abuse treatment and decrease recidivism.

**JAILS ARE UNIQUE**
Clark County Jail

- **Statistics**
  - 2017 average daily population: **690**
  - 2017 average stay: **18.86 days**

- **Facilities**
  - Main Jail - all security levels
  - Jail Work Center - minimum security

- **Built in 1984**
  - Indirect supervision for 300 inmates
  - Not designed to offer inmate programs

- **Increasing inmate needs**
  - Lack of inpatient treatment beds
  - Housing crisis in Clark County
  - Complex and co-occurring disorders

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Jails Aren’t Prisons...

<table>
<thead>
<tr>
<th>Jails</th>
<th>Prisons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short term - less than 1 year</td>
<td>Long term - more than 1 year</td>
</tr>
<tr>
<td>Managed by county or city government</td>
<td>Managed by state or federal government</td>
</tr>
<tr>
<td>Pre AND post adjudication</td>
<td>Post adjudication</td>
</tr>
<tr>
<td>Release date changes - bail, plea, disposition changes</td>
<td>Release date set from arrival</td>
</tr>
<tr>
<td>Violations, misdemeanors, gross misdemeanors, some felonies</td>
<td>Felonies</td>
</tr>
<tr>
<td>All security levels in 1 facility</td>
<td>Separate facilities for security levels</td>
</tr>
<tr>
<td>Males and females in 1 facility (separated)</td>
<td>Separate facilities for male or females</td>
</tr>
<tr>
<td>Short term = less programs and services</td>
<td>Long term = more programs and services</td>
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</tbody>
</table>
## Jails Aren’t Treatment Centers...

<table>
<thead>
<tr>
<th>Treatment Centers</th>
<th>Jails</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure environment</td>
<td>Secure environment</td>
</tr>
<tr>
<td>Therapeutic and treatment focus</td>
<td>Safety and security focus</td>
</tr>
<tr>
<td>Staff specialize in treatment (MI/SUD)</td>
<td>Staff specialize in security</td>
</tr>
<tr>
<td>Voluntary and involuntary</td>
<td>Involuntary</td>
</tr>
<tr>
<td>Funded by medical insurance</td>
<td>Funded by city/county/state/federal</td>
</tr>
</tbody>
</table>

## Getting “Buy In” from Corrections Facilities

1. Facilities are ALL DIFFERENT
2. Local population needs vs Local resources
3. Work WITH the facility to determine what works best
   - Logistic and operations vs Risk and liability
4. Seek feedback from corrections staff at all levels
   - Line deputies vs Command staff
### JAIL-BASED MAT

<table>
<thead>
<tr>
<th></th>
<th>Medicaid enrollees</th>
<th>General population</th>
<th>18% with SUD indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid enrollees</td>
<td>in jails statewide</td>
<td></td>
<td>61% with SUD indicator</td>
</tr>
<tr>
<td>Clark County Jail</td>
<td></td>
<td></td>
<td><strong>74% with SUD indicator</strong></td>
</tr>
</tbody>
</table>

We estimate approximately 47,751 residents of Washington who are regular illicit users of opioids (heroin and prescription pain medications)... including 25,510 **(53%) exiting a jail**

In 2017, CCSO had 13,616 bookings  
13,616 x 74% = **10,076** people with possible substance use disorders  
13,616 x 53% = **7,216** people with possible opiate use disorders
Drug overdose is a leading cause of death among formerly incarcerated individuals.

Prisoners and jail inmates are between 10 and 40 times more likely to die of an opioid overdose than the general population, especially within the first few weeks after reentering society. A University of Washington found the overdose risk 129 times higher after release from prison.

A national study in 2009 found that 86% of state and federal prisons in the U.S. failed to provide buprenorphine, and 45% failed to provide methadone.

From 2007 to 2009, less than 1% of state prison and jail inmates with moderate to severe substance use disorders received any medical detoxification or maintenance services while in custody.

Why Doesn’t Every Jail Provide Medication-Assisted Treatment?

1. No Funding
   - Jails cannot use Medicaid OR Medicare funds
2. Rapidly Changing Information Available
   - “Isn’t it just replacing one drug with another?”
   - “You can’t be clean on MAT”
   - Changes in the science
     • Medication types
     • Impacts
     • Making information fit jails
3. Specialized Regulations
   - Medical monitoring requirements
   - Physicians must have an “X” waiver to prescribe MAT
     • Not all jails have 24/7 medical coverage (rural facilities)
   - DEA regulations (methadone)
4. Operational Issues
   - Medication diversion
   - Corrections deputy staffing
5. Post Release Gaps
   - Filling prescriptions
   - Continuing treatment
   - Housing providers may not allow
## Current MAT Programs in Clark County Jail

<table>
<thead>
<tr>
<th>Current MAT Programs in Clark County Jail</th>
<th>WellPath Contracted Medical Provider</th>
<th>Columbia River Mental Health Services *grant funded-SAMHSA</th>
<th>Lifeline Connections Local Nonprofit</th>
<th>Community Services NW Local Nonprofit</th>
<th>Washington State Department of Corrections *future program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal management</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication bridging</td>
<td>X</td>
<td>X*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Induction</td>
<td>X</td>
<td>X*</td>
<td></td>
<td></td>
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<tr>
<td>In-custody SUD assessments</td>
<td>X*</td>
<td>X X X</td>
<td></td>
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<tr>
<td>In-custody SUD treatment</td>
<td>X*</td>
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<tr>
<td>In-custody case management</td>
<td>X*</td>
<td>X X X</td>
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<tr>
<td>Post release medications</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Post release treatment</td>
<td>X</td>
<td>X X</td>
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### Columbia River Mental Health Services- Jail MAT Program

- SAMHSA Targeted Capacity Expansion: Medication Assisted Treatment – Prescription Drug and Opioid Addiction, TI-18-009
- 450 persons
- 3 years
- Up to $524,670 per year
- Form of MAT selected: Buprenorphine
- Focus on in-custody inductions and treatment with intensive post release case management
In-Custody Treatment Groups

- Early releases HAPPEN
  - Making bail
  - Modified releases (may be due to space)
- Follow up packet of information in the person’s property at time of induction
- Naloxone at time of release
- Post release appointments
  - Medications
  - Treatment
### MAT Program Challenges

#### Pre Release

- Average length of stay in jail is 19 days
- Specific eligibility to access grant funded services
- Operational impacts of (more) medication lines
- Staffing
  - Redeployed deputy position from jail operations
  - CRMHS medical coverage
- Physical space
  - Program and office areas
  - Control and storage of medications
- Coordination with jail’s current medical provider
- Diversions

#### Post Release

- Limited time to engage in treatment pre release
- Post release barriers
  - Co-occurring disorders
  - Transportation
  - Lack of housing
  - Pressures from other systems (child welfare etc)
  - Post release legal supervision and requirements
  - Inpatient treatment bed shortages
  - Prosocial activities
  - Supportive peers
  - Connections to education and employment
Is the grant-funded MAT program working (so far)?

PROGRAM CROSSOVER-REENTRY & CIT FOR CORRECTIONS
Crossover with the Reentry Program

- Reentry program developed in 2014 by corrections deputies
  - Connect inmates to resources in the community before release
- Added 2 masters level social services personnel in 2015
  - Interdisciplinary Reentry team
- Program continues to change
- Receive 50+ inmate requests daily
- Served over 1000 inmates in 2018, on track to double in 2019
CIT for Corrections Focuses on Behavior

- All the elements of CIT for Corrections **focus on behavior** and less on diagnoses
  - Many problem behaviors are by drugs or mental illness or both
- It is less critical to identify a cause “is the psychosis from drugs? from depression? from schizophrenia?” **than to manage behavioral health crises effectively**
Crossover with CIT for Corrections

- **Substance Abuse Overview (2 hours)**
  - Intoxication/detoxification
  - Drugs of abuse
  - Treatment basics
  - Overview of MAT

- **Co-Occurring Consumer Panel**
  - Persons with mental illness AND substance abuse disorders who have previous criminal justice involvement in Clark County Jail

- **Community Tour**
  - Inpatient SUD, detox center, sobering center and outpatient SUD treatment

- **Recovery Panel**
  - In recovery from SUD and/or mental illness

**WHAT’S NEXT?**
MAT Lawsuits in Jails

Whatcom County Jail to provide medications necessary to treat opioid addiction in landmark settlement proposed in civil rights lawsuit

The Whatcom County Jail will provide people in the jail with opioid use disorder (OUD) the medications necessary to treat their addiction, according to the settlement agreement proposed in a class-action civil rights lawsuit filed by the ACLU of Washington. OUD is a chronic condition that is accompanied by changes to brain chemistry, and it is a protected disability under the Americans with Disabilities Act (ADA).

The lawsuit was filed in June 2018 on behalf of people in the jail with OUD who were not receiving access to medications.

According to the proposed settlement agreement, the Whatcom County Jail will provide Medication-Assisted Treatment (MAT) services to medically appropriate inmates with OUD. This will include maintaining people on MAT until they are discharged from the community, as well as starting existing people on MAT in the jail before release. MAT services will include Subutex, Suboxone, and Vivitrol as options. The jail has also been working closely with community MAT providers to make sure that people will be able to continue treatment upon release.

By establishing physical and psychological settings for opioid MAT, the jail can help people manage their OUD and achieve better outcomes in recovery. Many people with opioid use disorder need to remain on MAT for years and, in some cases, their entire lives to decrease the risk of relapse and overdose.

"What people who are getting Medication-Assisted Treatment for their opioid use disorder are able to engage in the medication, the entire community does better off," said Mark Locke of the ACLU-WA’s Campaign for Smart Justice. "We’re glad that Whatcom County has taken steps to help people in their efforts to overcome opioid addiction. This policy change at the jail will save lives."

Federal judges in Massachusetts and Hawaii have recently ordered jails to provide MAT for specific individuals with OUD without exceptions, but this is the first time that a class-action litigation has resulted in a jail changing its policy to provide MAT to all individuals with a medical need for it.

Washington Senate Bill 5380

11. (1) Subject to funds appropriated by the legislature, or approval of a section 1115 demonstration waiver from the federal centers for medicare and medicaid services, to fund opioid treatment medications
12. for persons eligible for medicaid at or during the time of incarceration and juvenile detention facilities, the authority shall establish a methodology for distributing funds to city and county jails to provide medication for the treatment of opioid use disorder to individuals in the custody of the facility in any status. The authority must prioritize funding for the services required in (a) of this subsection. To the extent that funding is provided, city and county jails must:
13. (a) Provide medication for the treatment of opioid use disorder to individuals in the custody of the facility, in any status, who were receiving medication for the treatment of opioid use disorder through a legally authorized medical program or by a valid prescription immediately before incarceration; and
14. (b) Provide medication for the treatment of opioid use disorder to incarcerated individuals not less than thirty days before release when treatment is determined to be medically appropriate by a health care practitioner.
15. (2) City and county jails must make reasonable efforts to directly connect incarcerated individuals receiving medication for the treatment of opioid use disorder to an appropriate provider or treatment site in the geographic region in which the individual will reside before release. If a connection is not possible, the facility must document its efforts in the individual’s record.
Clark County Jail is Becoming an OTP

Opioid treatment programs (OTPs)

Opioid use treatment in Washington is delivered by licensed, certified, and accredited opioid treatment programs (OTPs).

Important: Licensing and certification of opioid treatment programs has moved to the Department of Health (DOH) effective July 1, 2018. For more information about licensing and certification, visit the DOH Behavioral Health Agencies page.

How do OTPs work?

OTPs use medication-assisted treatment (MAT) — the use of medicines combined with counseling and behavioral therapies — to treat patients diagnosed with opioid use disorders (OUDs).

What drugs are used?

Three FDA-approved (OUD) medications can be dispensed from an OTP.
- Methadone
- Buprenorphine
- Naltrexone

BJA Second Chance Act Grant

1. BJA Improving Reentry for Adults with Co-Occurring Substance Abuse and Mental Illness, BJA-2018-13632
2. 400 persons
3. 3 years- 1 year planning + 2 years of services
4. Up to $750,000 per year
5. Focus on in-custody treatment for persons with medium/high criminogenic risk and co-occurring substance abuse and mental illness
REPUTABLE RESOURCES

Funding Opportunities

- SAMHSA grants
- BJA grants
- Criminal Justice Treatment Act funds
- Residential Substance Abuse Treatment funds
- Possible state funds
- Possible Medicaid waiver
- Local sales tax
  - Behavioral health funds
- **Cheaper than lawsuits?**
Recommended Reading

- National Sheriff’s Association
  - Jail-Based Medication Assisted Treatment
  - Reducing Recidivism with Medication-Assisted Treatment in Jails
- National Institute of Health
  - Treating Opioid Addiction in Criminal Justice Settings
    - https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/policybrief-cj.pdf
- Centers for Disease Control
  - Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States

Recommended Reading

- Residential Substance Abuse Treatment (RSAT)
  - RSAT Website
    - http://www.rsat-tta.com/Home
  - Role of Correctional Officers in Jail/Prison in Substance Use Disorder Treatment Programs
  - Prison/Jail Medication Assisted Treatment Manual
- Substance Abuse Mental Health Services Administration (SAMHSA)
  - Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guide for States