

# Building Bridges Initiative Mobilizes Public Health and Public Safety Teams to Increase Access to Opioid Treatment in Jails

Catching Up With COSSUP, April 2024

A paradigm shift in the way the nation's jails treat substance use is not only necessary—up to 63 percent of the U.S. jail population has a substance use disorder but only 22 percent is receiving treatment, according to the Bureau of Justice Statistics—it is also taking shape: that was the encouraging message of a March 2024 meeting of the Initiative to Build [Bridges to Increase Access to Opioid Use Disorder Treatment in the Nation's Jails \(Building Bridges\)](#), a Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) demonstration project designed to increase access to opioid treatment in jails.

The ten correctional systems participating in Building Bridges had been working for months to make meaningful changes in how their jails support people with opioid use disorder; what emerged at the meeting was an approach based on public safety-public health partnership (specifically, custodial-clinical) supported by community-based providers and real-time data, grounded in trust, and facilitated by medication-assisted treatment (MAT) and reentry planning that optimizes individuals' chances for a successful return to their communities.



Ronnie Thomas, Director of Addiction Medicine Services at the Los Angeles County Department of Health-Correctional Health, described improvements to treatment services in the county's jails prompted by Building Bridges.



Dr. Matthew Sexter, center, clinical lead for addiction treatment at the Los Angeles County Department of Health-Correctional Health, participates in a discussion about stigma during a planning meeting of the COSSUP Building Bridges Initiative in Fairfax, Virginia, on March 12, 2024.

What truly made the meeting remarkable, however, was the consensus among participants that Building Bridges had enabled each of them to start to put that approach into practice, with practical effect and encouraging results.

"We've had accomplishments: improved coordination of care, enhanced access to services, increased continuity of care, tailored treatment plans, data sharing, added methadone maintenance," reported Ronnie Thomas, Director of Addiction Medicine Services at the Los Angeles County, California, Department of Health-Correctional Health. "We want to continue to expand reentry services upon discharge and build a stronger SUD treatment provider network to support recovery, but the main lesson learned is that collaborative partnerships are essential and necessary to what we're doing."

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Other sites followed suit, with accounts of expanded MAT provision, receding barriers to treatment, rising buy-in among custodial staff, and plans to increase screening and treatment networks among the most common. It all served to confirm an observation by Levin Schwartz, Director of Reentry Services at the Franklin County, Massachusetts, Sheriff's Office, that the progress within those ten communities reflected the fact that the "philosophical paradigm of jails is changing from punishment and containment to treatment involving community-based partnerships, to get the criminal justice system to support people, provide in-jail treatment, and [ensure] a successful transition back to community."

## Building Bridges: From Planning to Implementation

Funded by the Bureau of Justice Assistance (BJA), Building Bridges is designed to help a small number of jurisdictions implement MAT in their jails. It began with a 9-month planning process intended to enhance collaboration between jails and community-based treatment providers. Next, each site will receive support from BJA to implement projects that increase the capacity of their communities to collaborate across the fields of public safety, behavioral health, and public health. Communities will continue to receive coaching and technical assistance from subject-matter experts with the aim to develop a comprehensive continuum-of-care model that targets the jail population and builds bridges between in-custody and community-based treatment and supervision, including probation, parole, and court-based programs.

The March 12–13 meeting, in Fairfax, Virginia, was the second in the planning phase for the [2024 sites](#), which are:

- Durham County, North Carolina
- Hamilton County, Ohio
- Hamilton County, Tennessee
- Hampton, Virginia
- Harnett County, North Carolina
- Los Angeles County, California
- Santa Fe County, New Mexico
- St. Louis County, Missouri
- Valencia County, New Mexico
- Walker County, Alabama

BJA Associate Deputy Director Marissa Farina-Morse opened the meeting by framing the stakes of the sites' opportunity: "The availability of MAT is essential both to avoid the potential for serious illness and to support recovery—but success is only achieved through truly collaborative partnerships. We are here to show you're not alone in the work you do."



BJA Associate Deputy Director Marissa Farina-Morse opened the Building Bridges meeting with a pledge of federal support.

**Building Bridges**  
BETWEEN JAILS AND COMMUNITY-BASED TREATMENT

Sites Resources Project Partners Project Management

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The meeting got underway with a discussion about one of the challenges most likely to prevent Building Bridges sites from realizing their project goals: the deeply-held stigma surrounding SUDs and the provision of MAT. One of the most common widely-held beliefs about MAT, that it effectively represents “trading one drug for another” and was therefore difficult to justify from a cost perspective, was reported by most sites and had the effect of dehumanizing individuals under treatment and preventing buy-in from jail administrators.

Lieutenant Ed Buntin of the Kittitas County, Washington, Sheriff’s Office, who facilitated the discussion, said that anti-stigma training of both correctional and medical staff members, in order to be successful, must be ongoing and constant and extend to community members and other stakeholders to ensure a critical mass of buy-in. Training content that is patient-centered and models person-centered language to humanize patients, emphasizing the safety of the medications involved, is more likely to change attitudes for the better.

The takeaways from that discussion segued seamlessly into the next, when clinical and correctional representatives from each site were paired with their counterparts from other sites to address the responsibilities of implementing MAT services in jails by position.



Lieutenant Ed Buntin of the Kittitas County, Washington, Sheriff’s Office, encouraged Building Bridges sites to make anti-stigma training patient-centered.



Randy Gutierrez, the warden at the Valencia County, New Mexico, Adult Detention Center, said that weekly meetings with MAT recipients enabled him to monitor the program’s efficiency.

Justin White, Jail Administrator for Walker County, challenged other participants to “validate the discomfort with change” that often accompanies the introduction of MAT, “because there are some legitimate concerns that diversion [of medication] could get out of control, and a lot of fear and pushback around it, even before the start of the program. So we have to educate our staff.”

He continued, “We should be thinking, ‘If this is where we are going, if this is becoming part of the norm, I’m going to buy in.’ And we should start selecting deputies who have an interest in it. We have to humanize our [inmate] population, and we’re making sure that our staff understand that. We have a duty to take care of this. There is a tremendous need that we have to respond to. It’s affecting everybody.”

The specter of diversion was real for many sites, and responding to it effectively prompted extensive brainstorming among participants. There was general agreement on a need for consistent clinical and disciplinary responses to diversion, as well as further discussion on ways to use med passes—regularly scheduled administrations of medications by nurses—to prevent diversion.

Randy Gutierrez, the warden at the Valencia County Adult Detention Center, said, “We have weekly meetings for everyone receiving MAT, so we know one-on-one if medication is working. It’s a one-stop shop that has helped us to find out the common denominators for [medication] diversion and to get buy-in from the team.”

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Against that backdrop, participants were primed for an in-depth conversation about best practices for reentry: everything from benefit enrollment and bridge medication to linkages to community-based providers and other supportive services such as housing, transportation, and recovery support.

"Whose job is reentry? Everyone's," began Mr. Schwartz. "[It should be] part of the continuum of care, establishing a relationship with a person, getting to know their needs and values. Recovery is contingent on developing trusting relationships."

Mr. Schwartz further emphasized that successful transitions back to community depend on trauma-informed, community-based partnerships that enable the criminal justice system to support individuals. Successful reentry programs featured buy-in from correctional leadership, as well as data-driven interventions based on screenings and assessments that serve as the foundations of treatment plans. Those plans, in turn, should depend on the informed consent of the individual involved.



**"Whose job is reentry? Everyone's," said Levin Schwartz, Director of Reentry Services at the Franklin County, Massachusetts, Sheriff's Office. "[It should be] part of the continuum of care."**

It was just such a program that prompted the Franklin County Sheriff to create a promotional path for correctional officers, enabling them to serve as case workers who work closely with individuals to enact their treatment and discharge plans. "I think of them as behavioral coaches," Mr. Schwartz said. "It's transformed their relationship with the system, and their interventions have had real impact on people. It creates a system of accountability."

The final session of the first day aimed to strengthen sites' capacities to track program outputs and outcomes and to demonstrate impacts. Assistant Superintendent Ed Hayes of the Franklin County Sheriff's Office pointed to the continuous quality improvement (CQI) approach to data collection, with its mantra of 'plan, do, study, act' and insistence on valid and reliable data, as a tool particularly helpful for jails implementing MAT, as well as recent [guidance](#) from the Legislative Analysis and Public Policy Association. He encouraged correctional staff members to talk to MAT recipients themselves "to find out what's working and what's not," which in turn was likely to improve public safety as much as public health.



**Assistant Superintendent Ed Hayes of the Franklin County Sheriff's Office encouraged Building Bridges participants to adopt the CQI approach to data collection.**

## Day Two: Sustainability and Site Reports

The second day of the Building Bridges meeting opened with presentations from BJA Policy Advisor Meg Chapman and Patti Juliana, Director of Pharmacologic Therapies, Center for Substance Use Treatment at the Substance Abuse and Mental Health Services Administration (SAMHSA), about federal funding support available to support sites' work and how it can be braided effectively. Lieutenant Buntin encouraged sites' jurisdictions to use the Sequential Intercept Model to map out funding needs and opportunities.

The balance of the day was used by sites for presentations about the goals of their planning process, accomplishments to date, next steps, and their plans for use of implementation funds and other funding to start or enhance MAT in their jail facilities.

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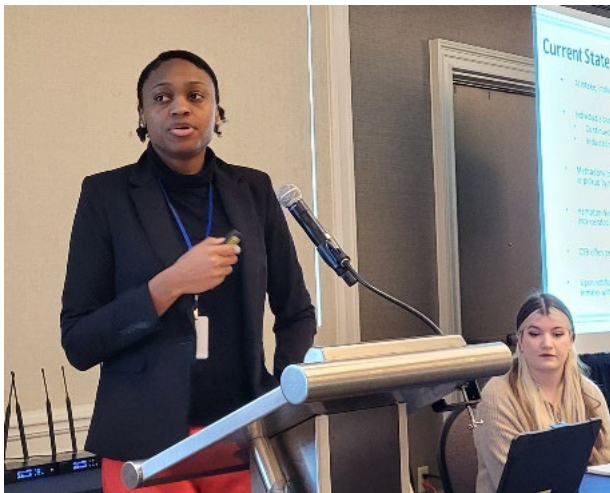
Among the highlights from the site reports:



Captain **Jeff Armstrong** of the **Harnett County Sheriff's Office** said that the largely rural county was working to reduce barriers to medication and particularly valued the contributions of peer specialists, whose contributions were a "key to success according to other programs." He said that the county was looking to hire a licensed clinician to support MAT administration; work with local pharmacies on a voucher program; and ultimately conduct drug screening for all inmates.



**Carl Carpenter**, Inmate Programming Coordinator for the **Walker County Sheriff's Office**, said that the county's new MAT program had just been approved as a certified outpatient site and that the office was working to develop a treatment facility. He said that collaboration between the county jail and Fellowship House, a community-based treatment center, had resulted in preliminary steps toward the realization of the program's recovery goals, as well as community buy-in and education.



**Tamika Simmons**, Mental Health Counselor for the **Hampton Sheriff's Office**, said that her office was also aiming to implement universal screening and assessments and to develop a reentry program and a behavioral health program. The office was making connections with local methadone clinics and treatment specialists in advance of implementing its MAT policy; training medical staff; and looking to make use of a prescription drug monitoring program and a data system.



**Tammy Vaughan**, MAT Program Supervisor for the **Durham County Sheriff's Office**, said that the county was working, with the assistance of Building Bridges coaches, to increase awareness of the MAT program, expand its network of community service providers, and develop a jail-based opioid treatment program. She said that the coaches had provided guidance on how to prevent diversion and improve treatment resources and to recognize the importance of collaborating with county and justice stakeholders.

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**Mark Boschelli**, Mental Health Program Manager for the **Santa Fe County Detention Center**, said that the detention center had created a reentry pod for program graduates as well as reentry housing and employment programs. Building Bridges will enable the program to implement a new withdrawal management process that would include induction on partial agonist medications for individuals screening positive for opioids, rather than continuing medications only for individuals who had been receiving them prior to arrest.

By the end of the meeting, the value of the partnerships initiated and best practices shared among the Building Bridges participants had been made clear: improved access to MAT treatment in a representative cross-section of the nation's jails was no longer an abstract hope but a feasible goal within reach.