

Medication-Assisted Treatment in the Courthouse:

# Exploring the Success of Franklin County, Ohio

June 3, 2020

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# Welcome and Introductions

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# Presenter

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# Learning Objectives

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# Learning Objectives

- During this webinar, participants will obtain knowledge about the following
  - The history of Franklin County Municipal Court (FCMC)-courthouse MAT program
  - Best practices used in providing services for clients in the MAT program
  - The important role that case manager and community partner collaborations play in the success of the MAT program
  - The important role that individualized attention plays; how it contributes to success and greatly impacts the lives of clients

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# History of the FCMC Courthouse MAT program: Who, Why, and How . . .

- **Who . . .**

- Early in 2018, a collaborative partnerships began among
  - The Office of Justice programs and Policy (OJPP)
  - The Franklin County Sheriff's Office (FCSO)
  - Southeast Mental Health
  - NaphCare
  - The Alcohol, Drug and Mental Health (ADAMH) board
  - The City Attorney's Office
  - The Franklin County Municipal Court

- **Why . . .**

- The collaboration identified a crucial “gap” in the current criminal justice system for defendants who were experiencing issues with opiate addiction and access to treatment
- This was in response to reallocation of funding for Vivitrol injections “behind the wall”

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# History Continued

## How . . .

- It was the desire of the bench to aid in and position defendants with the greatest likelihood of success after release from jail
- The ability to provide an assessment, MAT, and community linkages prior to an individual's release from jail was important ← **priority**
- Thoughtful transition planning to start the treatment process and MAT while still in custody for a greater likelihood of continuation upon release
- Finding a way to support individuals prior to their final release to the committee after the loss of funding presented a challenge

This **required** a high level of commitment, flexibility, and willingness to modify processes, etc. on all parts: sheriff, judges . . .

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# 2018 Overdose Deaths: 476

**Situated in the center of Ohio, Franklin County is home to Columbus, one of the most populous cities in the United States. Franklin County was the only area among the top five to experience more drug overdoses in 2018 than in 2017, with an increase of nearly 11 percent**

**—Franklin County Coroner's Office**



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# Franklin County Courthouse MAT Process **Broad Overview**

# HOW DOES IT WORK?



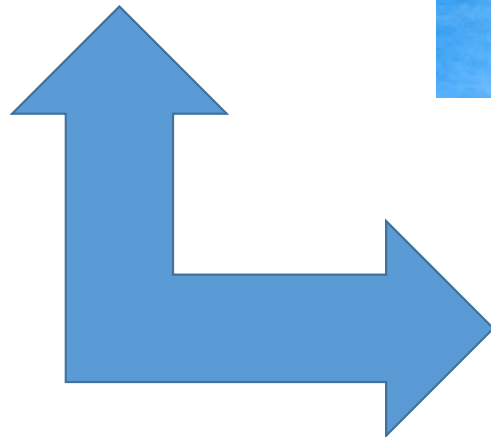
# The Bench

- The referral process begins with the judge
- Our judges begin the discussion of
  - Risk and need, criminal history, current charges, supervision considerations, mental health treatment, behavioral health assessment, and current and past substance use—especially as related to opiates and in some cases alcohol
  - How can we position the defendant for success? What would work best to aid him or her on the journey of recovery? And what does that mean to the defendant?
  - What options are available? Specialized docket, MAT, residential programming, housing, detox, etc.

Referrals are then sent to our MAT staff (program manager or case manager) from the courtroom or probation department for MAT screens



Referral can also be made through the jail coordinator for those defendants who are incarcerated—MAT screens are completed at this level as well



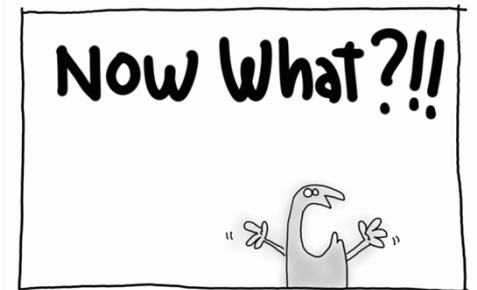
All roads lead to the courthouse MAT program



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# After Referrals Are Made to the MAT Program, the MAT Screen Is Conducted

- What is the MAT screen?
- A brief “qualifying” assessment that is conducted directly with a potential client to assess the client's suitability for the program
  - Drug of choice (opiates or alcohol)
  - Insurance (Medicaid, Medicare, private, or none)
  - Previous SUD treatment
  - Client’s willingness to participate in program and expectations
  - Previous treatment/outcomes
  - Housing
  - Mental health
  - Other barriers



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# Courthouse MAT Program Expectation

- **Expectations of Client**

- Attend all scheduled appointments
- Actively participate in AOD treatment program
- Follow all rules to successfully complete AOD treatment program
- Provide urine specimen at each MAT clinic appointment
- Provide MAT staff with any contact information changes

- **Expectations of MAT Clinic**

- Make clients aware of all scheduled appointments and/or any changes to their appointments in a timely manner
- All clients will be linked to an AOD community treatment partner
- Referral source will receive monthly updated reports (POs, etc.)

# When Clients Enter the MAT Program, What Should They Expect?

- To be greeted by the MAT staff
  - Peer support
  - Support staff of provider
  - Case manager
  - Nurse practitioner
- To be asked to provide a urine screen (observed recommended)
- To complete all program enrollment paperwork
- To have a 1-on-1 with the case manager, who will refer/link them to their AOD provider
- To have a medical assessment
  - Upon completion, receive a Vivitrol injection or oral meds
- As needed, an ORAS-CST assessment will be completed by the case manager or scheduled to be completed



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# What if a Client Is Not Appropriate for Vivitrol?

- We currently offer only Vivitrol for participants
- Our team coordinates referrals for other forms of MAT on behalf of clients
  - Medical staff members in the jail may offer a detox medication to incarcerated individuals who are in withdrawal
    - The jail nurse staff utilizes the Clinical Opiate Withdrawal Scale (COWS)
    - If a client has “triggered” on the COWS scales (receiving a score of 9 or higher), then detox protocols are initiated by the jail nurse staff
    - The jail nurse staff administers Subutex and institutes a taper protocol for clients prior to their release from jail



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# How Is a Client Released to the MAT Program?

- This is determined in court with the judge, client, attorney, and MAT program staff
- The judge completes an official entry that states “release to the MAT program” with the identified date
- All jail releases happen on Wednesday mornings at 10:00 a.m.
  - All signed entries and paperwork are completed for jail staff a week prior to the client’s release
  - The jail staff receives this entry and begins to prepare for the release of the client on that date
    - The jail nursing staff then makes sure the client receives the “oral challenge medication” while in custody prior to the release
    - The jail staff conducts checks to make sure the client does not have any other unresolved issues that may hinder him or her from release
    - If there are any issues that may prevent the client from being released, the program manager is contacted; the program manager works with all parties (judges, attorney, etc.) to rectify any issues so that the client can be released on the pre-determined date

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# Client Release

**There is a coordinated release to a peer at the release desk of the jail**

- Peer-supervised escort to the clinic from the release desk
- This is to eliminate early fears about defendants running
- “Sometimes they really just want a cigarette”

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# Stakeholder Communication

- Our department releases a weekly resource/status update to the bench (judges), probation officers, and stakeholders
  - This weekly update includes
    - The number of jail releases for MAT the current week
    - Openings for the upcoming week (up to 10 a week)
    - Current open residential treatment beds for this week
    - Treatment program openings and referrals available

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# How Is a Client Linked and Referred to AOD Treatment?

- The case manager provides every new client in the MAT program with an AOD assessment date and time with our AOD community partner providers
  - Most of these appointments are within 5 days after release
  - The assessing treatment program will determine the level of care for the client (IOP, OP, etc.) or determine whether the client needs ongoing AOD treatment services
  - The case manager receives updated reports for the client's initial assessment appointment and tracks the information if the client is in ongoing treatment
  - The provider also sends a monthly report to the client's PO with progress or lack thereof
  - The case manager also works closely with the PO to provide updated information and to help further coordinate treatment care and any other ongoing issues

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# What About Other Treatment Options, Such as Residential?

- Several community partners offer residential treatment for our clients
- The client is released to the MAT program; then, after the client receives an injection, the residential treatment provider transports the client to his or her facility
  - The client continues with his or her MAT and AOD treatment at the residential program
  - The MAT case manager works to coordinate linkage to treatment and updates between the client and the providing agency
  - The probation officer is heavily involved in the coordination and treatment of the client at this point
  - The community appointments between the client and the PO take place at the treatment center
    - The PO can be involved with any behavioral concerns or adherence issues with the client to help the provider troubleshoot
    - This allows the client to focus on treatment, with less movement within the community on his or her recovery
- Our MAT program has two licensed clinicians who provide MH/AOD assessments for a client's pre-release
  - The client has an assessment completed prior to release and transfer to his or her residential program
  - The client is assessed for residential treatment using the ASAM criteria
  - The information/assessment and recommendations are sent to the residential treatment provider

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**FREQUENTLY  
ASKED  
QUESTIONS**

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# What If a Client Does Not Want Vivitrol or Has an Adverse Reaction to Vivitrol?

- If the client does not want to be on Vivitrol, then he or she is not an appropriate candidate for our program
- If the client has had a reaction to Vivitrol while in our program
  - We will work with the medical provider to safely remove that client from Vivitrol
  - Our case manager will work with the client to find an appropriate MAT provider in the community that provides alternative options

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# What About Clients Who Have Insurance Issues?

- If a client is not Medicaid eligible for any reason (inmate status, etc.), he or she can receive injections “behind the wall” using sample Vivitrol injections. The injections are administered by the jail medical staff (Naphcare) and under the guidance of medical practitioners with our community partner, Southeast Mental Health
  - There are treatment providers in the community who can continue to provide Vivitrol injections until a payer source is identified
- If the client does not have updated Medicaid or needs to apply
  - The client can meet with our jobs and family services (community partner) on-site before leaving the courthouse/clinic. The client’s application is put into the system immediately
  - If the issue is discovered during the MAT screen, the MAT staff will complete an application with the client and send the application to jobs and family services on the client’s behalf while he or she is incarcerated
  - We have received a “presumptive” approval within 3 days or before the client is released to the MAT program
- If the client has Medicare or private insurance, we can use the process above by getting the client a sample shot prior to release, “behind the wall,” depending on the insurance; our provider takes some private insurances



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# Challenges

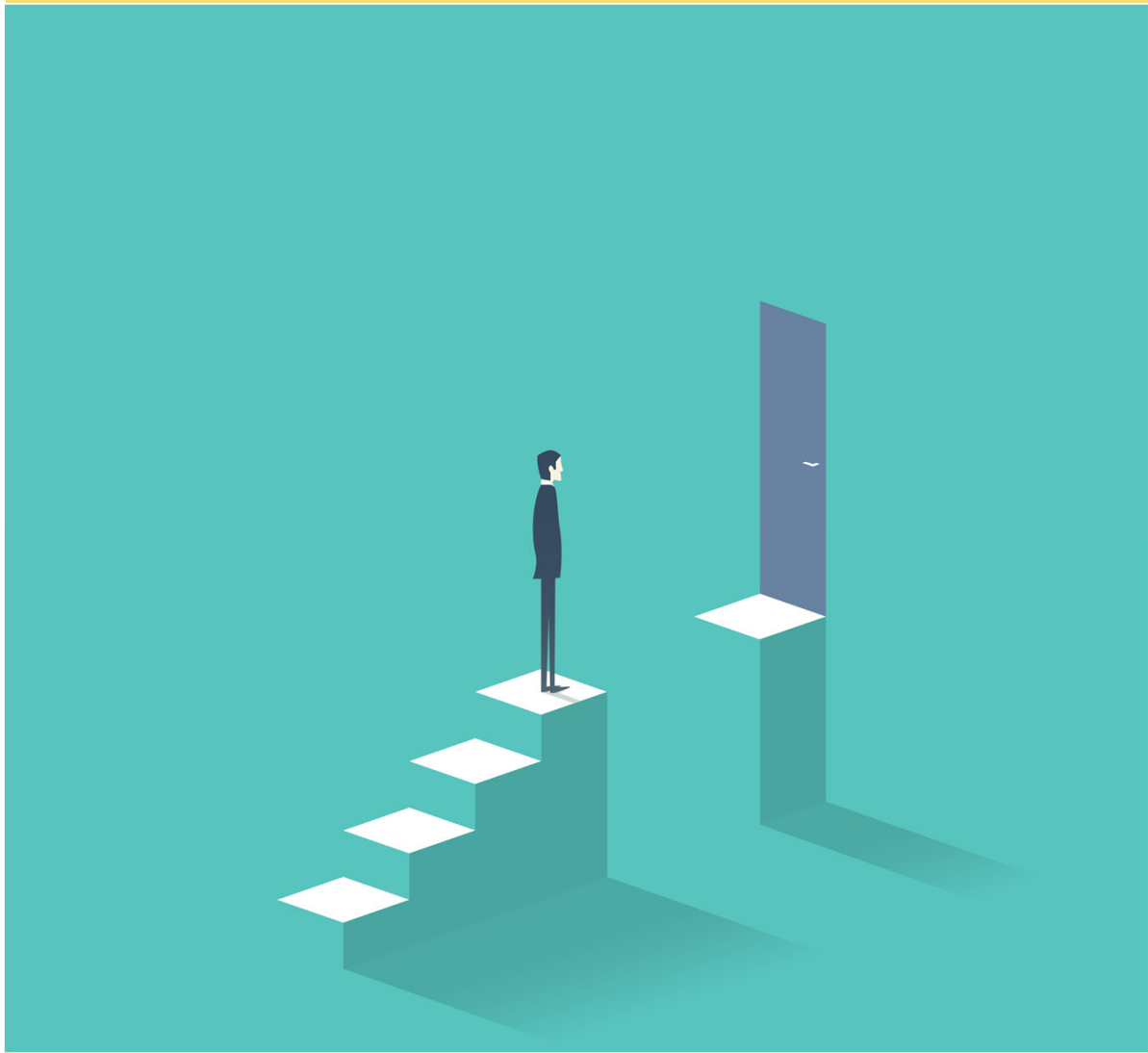


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# Challenges

- Insurance—copays, Medicare, SSI suspension
  - Client’s inmate status prevents him or her from applying for Medicaid
- Client’s readiness for treatment
  - MAT is effective but is successful only if coupled with ongoing treatment (in most cases)
- Client retention—communication, updated contact information
- Ability to link clients to needed services “right on the spot”
- Limited clinic availability days can cause clients to wait in jail longer
- Clients are released early and then told to report to clinic
- COVID-19



Can you think  
of any more  
challenges?

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# Successful Completion

- Defined as
  - Completed three injections or 90 days in MAT program
  - No new charges or revocation hearings
  - Compliant with AOD treatment program
  - No positive urine screens
  - Transferred and linked with another MAT provider (i.e., residential) and is active in that programming; received second injection
  - Made the decision to cease MAT treatment but desires to remain engaged in AOD treatment

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# What We Know as Best Practices

- A client-first attitude will aid in successful decision making with and for the client
- The decision to obtain medication for opioid or alcohol use disorders, and the specific medication chosen, should be made by the individual after consultation with medical and treatment providers
- MAT alone does not work
- Wraparound services are crucial in the success of the client: AOD treatment, residential, probation officers, behavioral health, etc.
- Effective case management can and will fill in the gaps for the client's needs
- Utilizing the bench early on positively impacts the client
- The sooner we can get the client linked into services, the better chances of success
- Community-based treatment and medication provider partnerships should be carefully selected

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# Best Practices

- Addressing the individual versus just the “addiction” will positively impact all participants
- Correctional staff, probation officers, attorneys, judges, etc. should receive training about MAT
- Jail MAT programs must adopt ongoing monitoring through drug screening and other diversion/risk-alleviation strategies
- Courthouse MAT programs should engage with their state Medicaid agencies and other public payers to facilitate health coverage
- Transparency is important: no surprises but support
- Individuals should be clinically assessed by a qualified treatment provider to determine whether MAT is clinically indicated
- Silos do not work
  - Being part of the community and having larger conversations is crucial

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# Best Practices

- Monthly team meetings with the entire MAT team and partners has become an essential part of the clinic function
- Flexibility to address and evaluate any “issues” within the clinic quickly
- Support of the support staff
- Check-ins with the clinic’s clients
- Peer support is essential
- Case management is needed
- Must become more than just MAT
- Routine for clients is a good thing

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# COVID-19 Response

- Establishing new protocols for the weekly MAT clinic that align with the courthouse and city/state/federal guidelines
- Social distancing
- Working closely with the medical provider on other options for medication
  - 7-day Rx
  - Rescheduling
- Clinic attendance has dropped due to COVID-19
- Addressing new ways to engage or reengage clients in their MAT care
  - Multiple ways of communication: reminder calls, letters, emails, etc.
  - Utilizing POs and community partners



# Pre- and Post-MAT Data

## 2018

- Sample of 50 clients
- 6 months pre-MAT
  - Total number of arrests—80
  - Total number of jail days—1,735
- 6 months post-MAT
  - Total number of arrests—29
  - Total number of jail days—897
- 64% reduction in total arrests post-MAT
- 48% reduction in total jail days post-MAT

## 7/2018–2/2019

- Sample of 98 clients
- 9 months pre-MAT
  - Total number of arrests—159
  - Total number of jail days—3,752
- 9 months post-MAT
  - Total number of arrests—76
  - Total number of jail days—3,127
- 52% reduction in total arrests post-MAT
- 17% reduction in total jail days post-MAT

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# 2019 Evaluation Report January – December

- 192 individuals (unduplicated count) were deemed eligible for the MAT program
- Of those 192 individuals, 157 (82%) received their first Vivitrol injections
- Between the first and second injection (approximately 30 days), the total number of people receiving the second injection dropped to 78 (40.6% of 192), and 33 participants received a third injection (17.1% of 192)

*There is still work to be done: Why did we see a decrease in retention?*

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# Questions?

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# Contact Information

**Ronald G. Murray**

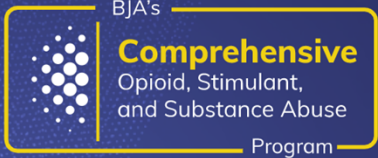
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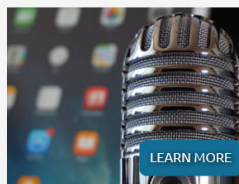
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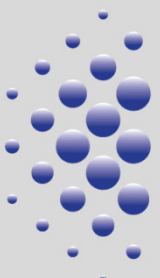
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