

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

September 7, 2021

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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.



Presenter

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.



Presenter

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.
- Joined Denver Health in 2017, working as an addictions counselor in detox before becoming a counselor in the Transitional Residential Treatment program in 2019.
- 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

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SUD Screening, Assessment, and Treatment in Correctional Settings

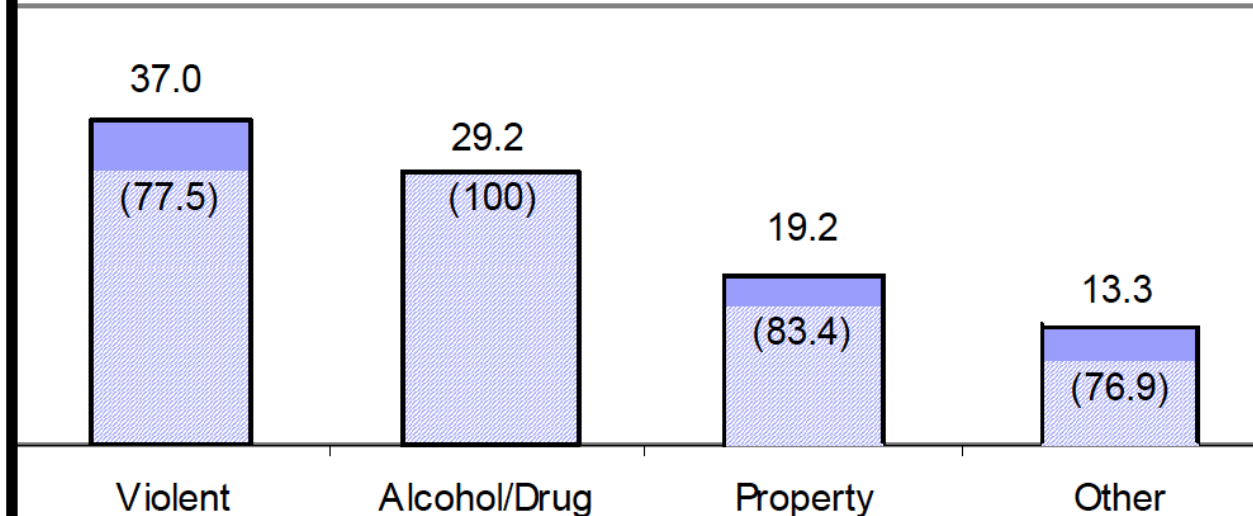
Ruth A. Potee, MD, FASAM

Table 2.1
**Substance-Involved Federal, State and Local Inmates
 1996 and 2006**

	1996		2006	
	Number	Percent	Number	Percent
Federal Prison	84,787	80.3	164,521	86.2
State Prison	871,636	81.0	1,101,779	84.6
Local Jail	380,677	73.4	648,664	84.7
Total Substance-Involved Inmates	1,337,099	78.6	1,914,964	84.8

Source: CASA analysis of the *Survey of Inmates in Federal Correctional Facilities* (1991 and 2004), *Survey of Inmates in State Correctional Facilities* (1991 and 2004), *Survey of Inmates in Local Jails* (1989 and 2002) [Data files], and U.S. Bureau of Justice Statistics Reports, *Prisoners in* (1996 and 2006).

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



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.

Source: CASA analysis of the *Survey of Inmates in Federal Correctional Facilities* (2004), *Survey of Inmates in State Correctional Facilities* (2004), *Survey of Inmates in Local Jails* (2002) [Data files], and U.S. Bureau of Justice Statistics Reports, *Prisoners in 2006*.

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/Psychedelics/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

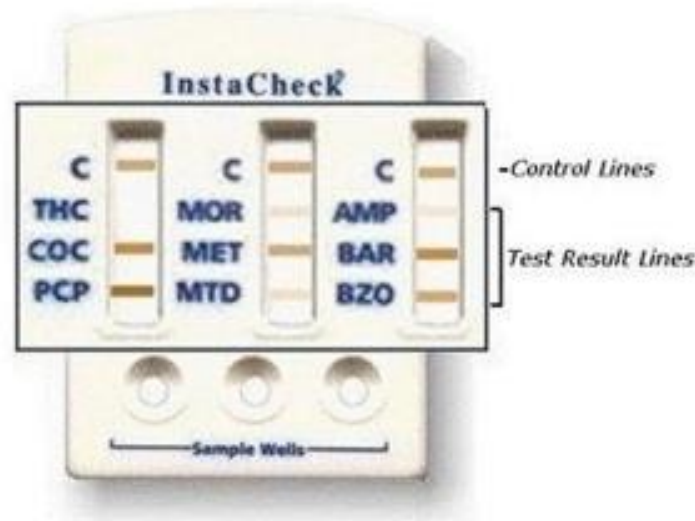
- POC testing: cups, strips, automatic strips
- Immunoassay run in lab
- Gas chromatography/mass spectroscopy

Why Point of Care (POC) Testing?

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

Immunochemistry

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?

Which Treatment is Best?

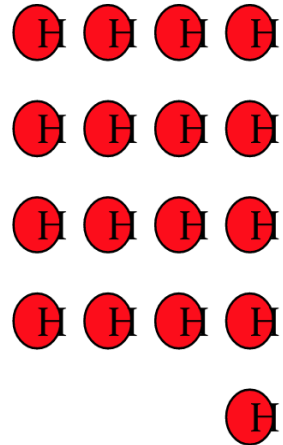
The one that works!

General guidelines	
Methadone	Long history of use, high opioid tolerance, unstable life needing lots of structure and support
Buprenorphine	Mild-to-moderate dependence, greater life stability, more potential for abuse
Naltrexone	Mild-to-moderate dependence, greater life stability, greater risk of relapse and overdose

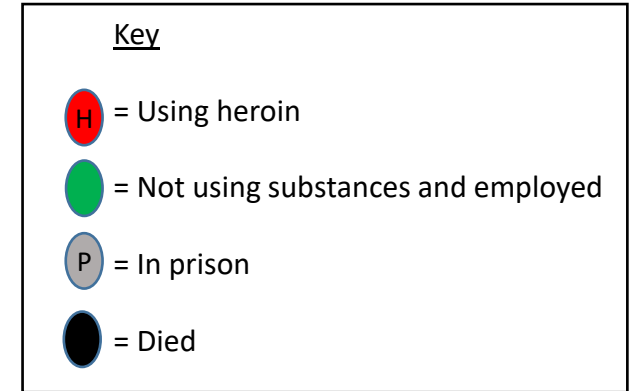
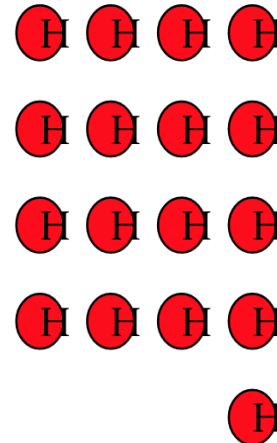
Methadone Effectiveness

Baseline

Methadone



Regular Outpatient



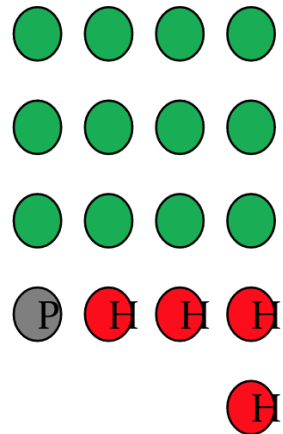
Thank you to Jennifer Clarke, MD, MP, Medical Director, RI-DOC, for this slide.

(Source: Gunne & Grönbladh, 1981)

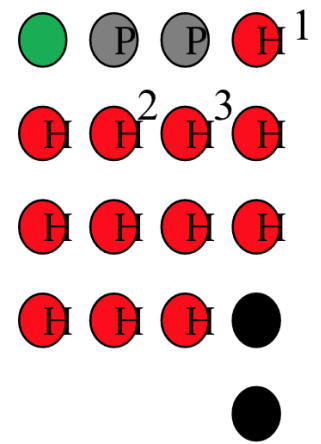
Methadone Effectiveness

After 2 Years





Methadone

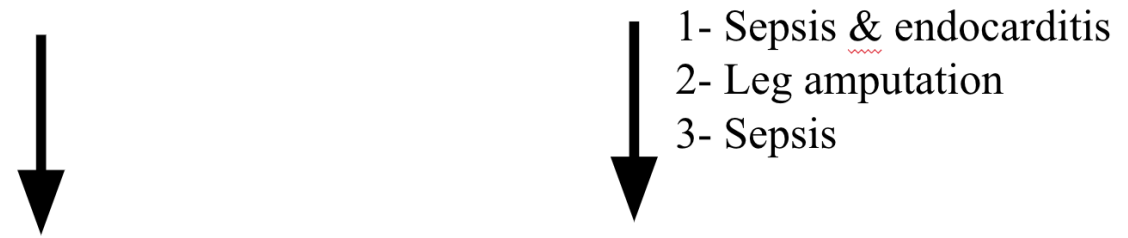


No Methadone



Key

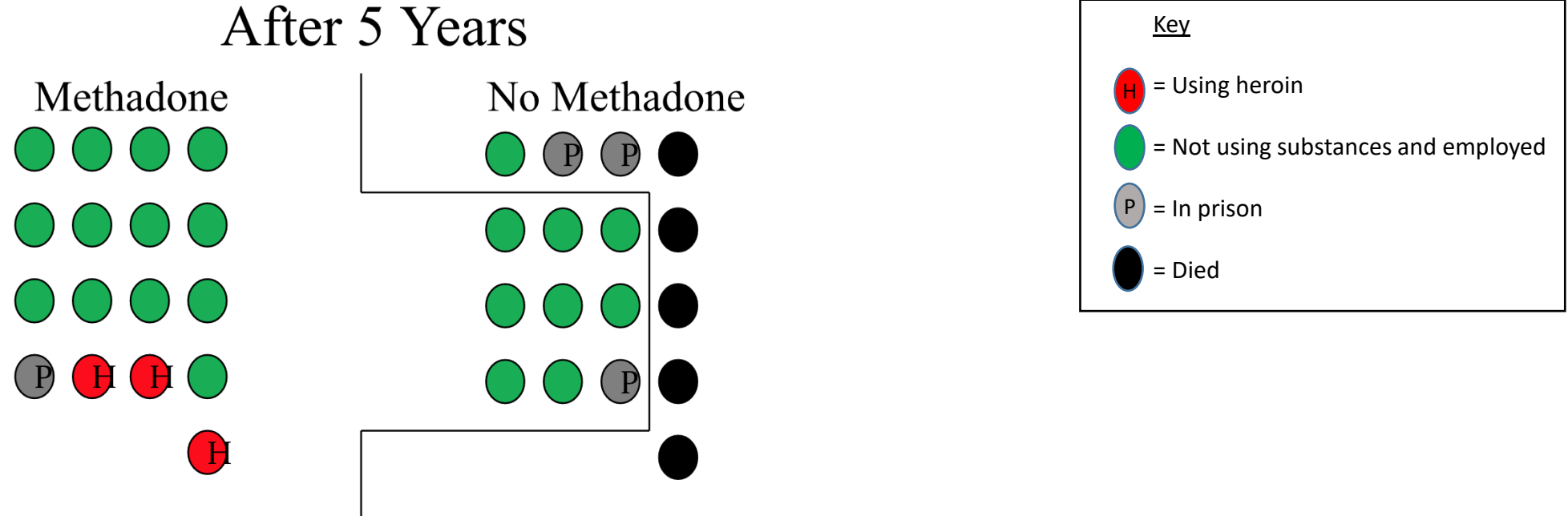
-  = Using heroin
-  = Not using substances and employed
-  = In prison
-  = Died



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

(Source: Gunne & Grönbladh, 1981)

Methadone Effectiveness



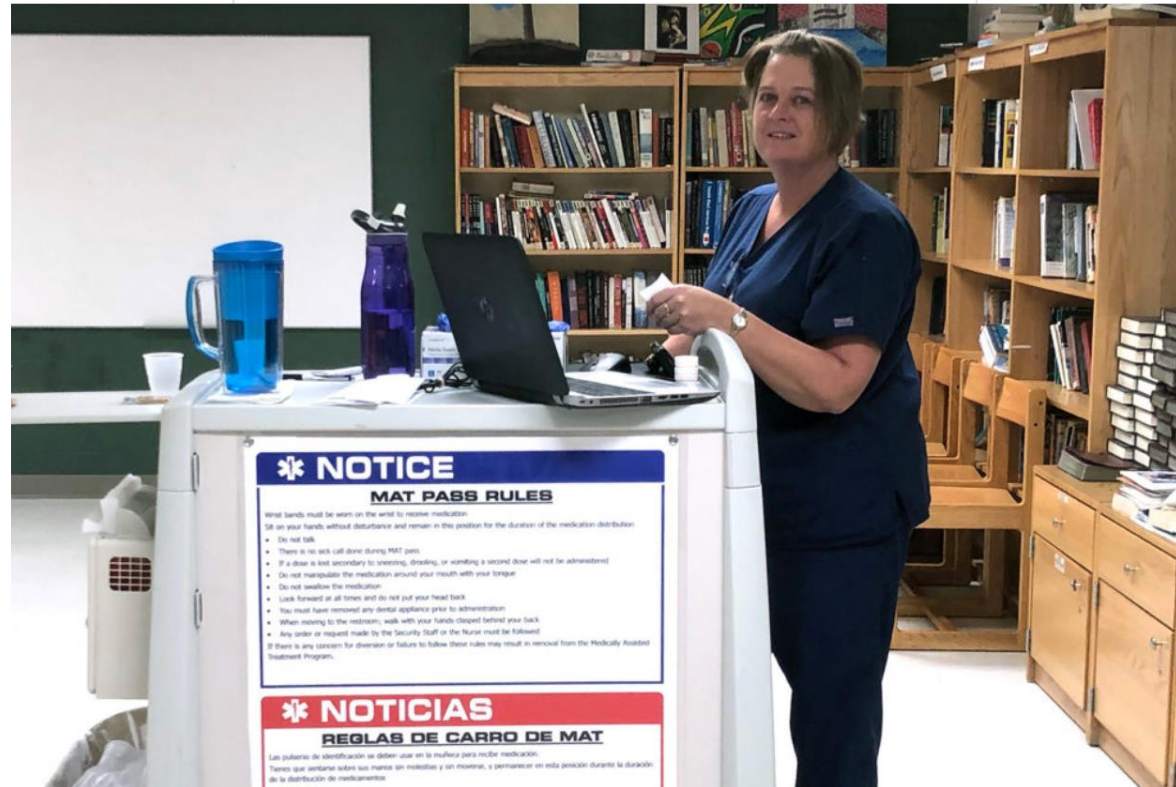
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(Source: Gunne & Grönbladh, 1981)

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 Maillet prepares addiction medications at the Franklin County Jail in Greenfield. (Deborah Becker/WBUR)

What Are the Benefits of MAT in Corrections?

Benefits	Evidence
Reduces illicit opioid use post-incarceration	Mattick, Breen, Kimber, & Davoli, 2009
Reduces criminal behavior post-incarceration	Deck et al., 2009
Reduces mortality and overdose risk post-incarceration	Degenhardt et al., 2011; Kerr et al., 2007
Reduces HIV risk behaviors (i.e., injection drug use) post-incarceration	MacArthur et al., 2012

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., 2009¹; Freidmann et al., 2012²)

Contact Information

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Questions?

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



COSSAP GRANT PROGRAM

LEARNING OPPORTUNITIES

AREAS OF FOCUS

PUBLICATIONS & DIGITAL MEDIA

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SEARCH

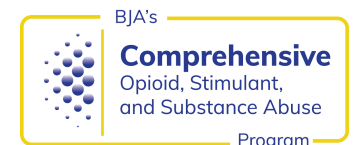
TRAINING AND TECHNICAL ASSISTANCE

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>.

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Opioid, Stimulant,
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