



**Supporting Continuity of Care
Throughout Justice Involvement:**

Supporting Jail In-reach by Community-based Treatment Providers

September 29, 2021

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Welcome and Introductions

Welcome and Introductions

- Welcome: Becky Berkebile, Deputy Director of COSSAP TTA, Advocates for Human Potential, Inc
- Facilitator: Melissa Stein, Ph.D., Policy Research Associates, Inc

Presenters:

- Jill Harrington, RN, CCHP-RN, Health Service Administrator, CFG Health Systems, LLC, Albany County Correctional and Rehabilitative Services Center
- Jordan A. Lyons, CCHP, Medication-assisted Treatment (MAT) Re-entry Coordinator, CFG Health Systems, LLC, Albany County Correctional and Rehabilitative Services Center
- Kimberly Green, Credentialed Alcoholism and Substance Abuse Counselor (CASAC), Albany County Sheriff's Office
- Jason Oliver, Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC-T), Addictions Care Center of Albany
- Ed Fox, Harm Reduction Manager, Project Safe Point

Presenter

Jill Harrington, RN, CCHP-RN

...is the Health Service Administrator for CFG Health Systems, LLC at Albany County Correctional and Rehabilitative Services Center. She has over 27 years nursing experience, with almost 22 of those years in Correctional Nursing. She is a Certified Correctional Health Professional Registered Nurse, through National Commission on Correctional Health Care (NCCHC) and has assisted in achieving accreditation for the medical unit at Albany County with NCCHC and the New York State Sheriff's Association. In January 2019, she planned and coordinated the implementation of one of the first medication assisted treatment programs for opiate use disorder in upstate New York.



Presenter

Jordan A. Lyons, CCHP

...is the MAT Re-Entry Coordinator for CFG Health Systems, LLC at Albany County Corrections and Rehabilitative Services Center. She is a Certified Correctional Health Professional through the National Commission on Correctional Health Care and is currently working to achieve her Master's in Public Health.



Presenter

Kimberly Green, CASAC

...is an Advanced Credentialed Alcoholism and Substance Abuse Counselor (CASAC) with a professional background working in several different SUD treatment modalities, including residential and inpatient rehabilitation, detoxification, and outpatient treatment. She is employed currently by the Albany County Sheriff's Office as a CASAC in the correctional facility, providing assessments, counseling, and discharge planning for inmates with substance use disorder. She sits on two local specialty treatment courts in the role of CASAC /treatment provider, Albany Regional Drug Treatment Court and the local pilot project Albany ATC (mental health) court. She is a person in long term recovery and her own life experiences with the criminal justice system and subsequent treatment and recovery were the catalyst to her entry into the field of substance use treatment.



Presenter

Jason Oliver, CASAC-T

...is a Credentialed Alcoholism and Substance Abuse Counselor-Trainee currently employed by a local treatment provider, the Addictions Care Center of Albany, as a contracted employee to serve inmates in the Albany County Correctional facility. He oversees the MAT program, which he has been involved with directly since its inception in January of 2019 when he was there as a CASAC intern through Hudson Valley Community College. He has over 20 years of service in law enforcement prior to working in the substance use industry, and his work on the streets as a housing officer inspired him to change careers upon retirement to service of a different kind. He is also a Veteran of the Iraq war. He served in the army reserve for 9 years.



Presenter

Ed Fox

...is the Harm Reduction Manager with Project Safe Point which provides services to the Capital District and the 12 counties surrounding the Capital Region. He has worked in harm reduction for a decade including his groundbreaking work with the LEAD (Law Assisted Diversion) Program in Albany New York and as Syringe Exchange Coordinator. He has extensive Harm Reduction training experience having delivered hundreds of Naloxone, Harm Reduction and Safer Injection Practice trainings in many different settings and throughout the community. He was one of the original architects in the design of the Health Hub and Peer Navigation Programs with Project Safe Point. Both programs are based on a Harm Reduction model emphasizing a humanistic, person-centered approach. He has engaged and partnered with Law Enforcement, Health Care, Education and Rehabilitation institutions to better serve individuals using drugs. He has a Bachelor's degree from University College Cork, Ireland. He has certifications in Trauma Informed Care and Sociology, CRPA and CASAC in progress.



Learning Objectives

Learning Objectives

- Understand the importance of in-reach services.
- List three policy recommendations to support in-reach by community-based providers.
- Describe two effective in-reach practices to support individuals with substance use disorders.

Learning Objectives (cont'd)

- Understand the operations and history of the Medication-assisted Treatment (MAT) program at Albany County Corrections and Rehabilitative Services Center.
- Gain insight into the importance of therapeutic functions and understanding the clinical strategies used to support and strengthen MAT services.
- Describe ways to engage people who use drugs during incarceration, post incarceration and through other systems.

Medication-Assisted Treatment (MAT) Program History and Operations at Albany County Corrections and Rehabilitative Services Center

Jill Harrington, RN, CCHP-RN

Jordan A. Lyons, CCHP

Program History

- Program initiated in January of 2019.
- 3 Phase Approach.
 - Phase 1: Continuations.
 - Phase 2: Induction of sentenced inmates.
 - Phase 3: Induction for whole population.
- Medications Offered.
 - Buprenorphine-Naloxone (film form).
 - Buprenorphine (tablet form).
 - Methadone (through local clinics).
 - Vivitrol
 - Naltrexone
- Extensive amount of training conducted for staff prior to program implementation.
- Identified barriers to care.

Daily Operations

- Every single person coming into the building who reports opiate use is assessed for Opioid Use Disorder (OUD) and induction/continuation in the program.
- Referrals are made to providers: Mental Health (MH) unit; Credentialed Alcoholism and Substance Abuse Counselor (CASAC) department; Project Safe Point (PSP); and corrections as soon as an individual is being considered for the program.
- Consents, releases, assessments and program rules and regulations are signed by each program participant.
- Urine Drug Screening (UDS) is completed prior to induction/continuation.
- Once a day dosing takes place in the gym.

Daily Operations (cont'd)

- Corrections remains up to date on next court date, warrants, and release dates of each individual.
- Monthly MAT meetings are held with MH, CASACs, PSP, corrections, NYS Department of Health, the NYS Office of Addiction Services and Supports (OASAS).
- Discharge planning meetings are held with medical, MH, CASACs, corrections and PSP to review the discharge plan of each participant.
- Participant surveys are administered.
- A Narcan[®] kit is put in each participants property.
- Bridge script is given on release, paid for by the jail.
- Statistical data is collected and analyzed to determine success.

Barriers to Care

- Lack of staff education.
- Stigma of addiction and treatment.
- Lack of staffing & resources.
- Availability of outside prescribers and community partners.
- Open communication.

Changes Over The Years

- Switch from tablets to films.
- Diversion policy.
- Addition of addiction groups once a week.
- Creation of strong relationships with community partners & different departments involved.
- Open communication between departments.
- Capped dose at 16 mg (Subutex or suboxone).
- Attempts to reduce diversions (line up, 1:1 officer to inmate ratio, check hands, hands to sides, crackers).

Take Away

Collaboration among different entities and community partners is key!

- Patient care and safety first.
- Program implementation is a learning experience.
 - Programs can be adjusted.
- Assistance is available.

Therapeutic Functions and Clinical Strategies

Kimberly Green, CASAC

Jason Oliver, CASAC-T

Clinical Engagement

- MAT is best supported through clinical engagement to promote:
 - Addiction education.
 - Self-awareness.
 - Insight
 - Introduce recovery concepts.
- Formalized treatment component constructed to provide bi-weekly required groups and individual sessions for all participants to encourage accountability, positive attitude and behavioral changes.
- Goal: Support patients in building a lifestyle of recovery.

Albany County Corrections and Rehabilitative Services Center (ACCRSC) MAT Clinical Engagement Requirements

EACH PROGRAM PARTICIPANT IS REQUIRED TO SIGN THE FOLLOWING FORM

Therapeutic engagement is a vital component of effective substance abuse treatment. The Medical and CASAC staff members at ACCF believe wholeheartedly in the benefits of group, individual, and peer services in reducing isolation and increasing pro-social coping skills, a sense of inclusion, and healthy expression of thought and feeling.

After much discussion and review of inmate requests for increased therapeutic services for MAT participants, we have decided to offer both individual and group counseling to all MAT participants. We will require a commitment to a minimum of participation in one group and one individual session, each to be conducted biweekly.

By signing below, I acknowledge and understand that my participation in the MAT program includes my active engagement in clinical and therapeutic services. I agree to attend one individual session bi-weekly and one educational or therapeutic group bi-weekly, which will be held every other _____ morning at ____ am. All groups and individual sessions will be facilitated by trained, professional, substance abuse counselors.

I understand that when I am called for a required clinical service, either an individual or a group, that it is my responsibility to attend. Should I refuse to attend a required session, it will be documented and addressed clinically. A warning will be issued each time a required session is refused, and after three warnings, the MAT team will discuss termination of services due to non-compliance. Excused absence due to court appearance, attorney consult, mental health or medical service, will be allowed.

I understand that the quality of my treatment experience will be largely dependent upon what I contribute to the process itself, and I acknowledge, by signing this form, a commitment to myself and to the therapeutic process of recovery.

MAT Contract

ALBANY COUNTY SHERIFF'S OFFICE / ACCF MAT PROGRAM

MUTUAL AGREEMENT CONTRACT

I agree to actively and appropriately participate in the ACCF MAT program. I understand that I am expected to:

- Behave responsibly and abide by all MAT program rules and guidelines
- Adhere to program guidelines related to required engagement (attend one individual session and one group session each one time / biweekly)
- Treat staff and other participants with courtesy and respect
- Be mindful and respectful in group settings of other people's feelings / experiences
- While in group: no interrupting, monopolizing, or engaging in aggressive behavior
- Respect other participants' rights to confidentiality and safety
- Refrain from misuse / abuse or diversion of medication of any kind

In return, I have the right to expect the program to:

- Provide a safe and meaningful treatment experience
- Provide individual and group sessions, as well as discharge planning as identified by my verbalized need
- Treat me with dignity and respect, honor my personal rights, including confidentiality and reasonable privacy
- Provide opportunities for positive, supportive interaction with staff and fellow participants
- Develop, collaboratively with me, appropriate discharge plans to ensure that my needs are met post –release for both substance abuse counseling and MAT prescribing

I am aware that the guidelines of this program were developed to ensure a safe treatment experience and to support me in addressing my needs and working toward achieving meaningful recovery. I understand that any incidence of non-compliance will be addressed therapeutically by the CASAC and medical staff, and I agree to work collaboratively with this team to effectively engage in Medication Assisted Treatment.

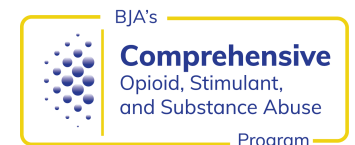
I HAVE REVIEWED THIS CONTRACT AND AGREE TO ITS CONDITIONS.

MAT Participant Signature

Date

CASAC Staff Member

Date



MAT Group Rules

Inmates are required to sign a contract advising appropriate behavior and conduct during groups. Failure to comply with group rules results in removal from therapeutic group settings.

Rules: All rules are for the benefit and protection of participants

Facilitator Role: The role of the facilitator is to create a safe space. The facilitator will protect the group member by enforcing the rules. This is for the benefit of group members and to establish the group as a safe environment to share.

Participant Rules

- 1) All participants are expected to be prepared for group
- 2) Be respectful of others opinions
- 3) Only one person speaks at a time
- 4) All comments should focus on you; always keep it on "I"
- 5) Please express negative thoughts and opinions appropriately
- 6) Confidentiality – Participants agree to keep private conversations and information shared in the meetings.
- 7) Violence or Intimidation = Violence or Intimidation toward other group members is NEVER tolerated. Any violence or intimidation towards a facilitator or group member will result in an immediate removal from the program.
- 8) Gossip – Gossip and grudges can be very destructive in a group. Participants are encouraged to share all complaints within the group setting.
- 9) Dignity- No group member shall ever be humiliated, hazed abused in anyway.
- 10) (Covid-19) Remain 6 feet apart from each other. All participants will keep their masks on at all times. When arriving to group, hand sanitize your hands, remain in your chair during group. When group ends, you will wait for instructions to stand up, hand sanitize your hands on the way out. Follow the rules of the Correctional Officers.**

Format of the Group

- 1: Check In
- 2: We would normally sit in a circle, but due to Covid -19, seating arraignments may differ.
- 3) Group topic
- 4) We will conclude the meeting with the Serenity prayer. We would usually stand in a close circle and recite the prayer, but due to Covid-19, we will recite the Serenity Prayer where we are seated.

By signing below you are agreeing to follow these rules

Signature: _____

Date: _____

MAT Assessment Form

Date:
Name:
County:
Date of Birth:
Marital Status:
Military Veteran:
Education Level:
Sentenced:
Is client an existing PSP Participant?
Emergency Contact Person:
Contact Phone Number:
Outside Provider:
Outside Pharmacy:

TREATMENT HISTORY

Have you ever received SUD treatment?

HEALTH

Do you have Health Insurance?

EMOTIONAL/MENTAL HEALTH

Have you previously, or are you currently receiving mental health counseling?

Diagnosis:

LEGAL:

Are you involved in Drug Court?

Are you on parole or probation?

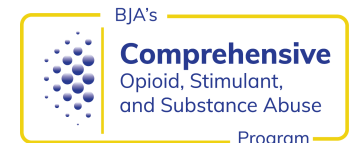
HOUSING

Do you have a place to live?

Upon induction, all MAT participants are assessed by CASAC or CASAC-T. This assessment is used for diagnosis, record keeping and post release discharge planning.

Substance	Route	On Set	Frequency	Last Use
Heroin				
Cocaine / Crack				
Street Suboxone Methadone				
Sedatives				
Hallucinogens				
Alcohol				
Marijuana				
Methamphetamine				
Lortab, OxyContin, Morphine				

HAVE YOU EVER OVERDOSED?



Diversion Counseling

- Behavioral nature of substance use.
- Extensive incidence of diversion with MAT thus far in our program.
- Challenges medically, programmatically, and clinically.
- Collaboration with correctional and medical staff to develop guidelines, prevention and consequential strategies to manage diversion is crucial.
- From a counseling aspect, diversion is addressed with the inmate therapeutically.
- Immediate 1:1 consult with the participant, when suspected of diversion.
- Create safe space to discuss diversion as a behavior that prohibits meaningful engagement or progress towards recovery.
- Therapeutic opportunity to introduce concepts such as integrity, trust, motive, decision making, impulse control and consequential thinking.

Diversion Counseling, continued

- Progressive sanction process that leads to removal from program.
 - Upon removal, each participant is offered the opportunity for re-induction prior to community release (function of harm reduction & overdose prevention).
 - Inmates returning to the facility on new charges will be reintroduced to the program with a “clean slate” (diversion attempts from previous incarceration are not counted against them).
- Each participant has the opportunity to acknowledge and change behavior.
- Continued display of diversion behavior requires consequence.
 - Diversion contributes to the sale and illicit use of MAT in the correctional facility.

Take Away

All inmates are provided with both substance use counseling and harm reduction services in order to ensure that no participant is left without resources and support, regardless of their commitment to recovery or their current level of motivation for change.

Post-Release Engagement

Ed Fox

Project Safe Point (PSP)

- Public Health Program providing Harm Reduction Services for persons who use drugs (PWUD).
- Grant funded to provide HIV, Hepatitis C, and overdose prevention services.
- Services are designed to range from low threshold/passive services (syringe exchange) through substance use treatment services.
- The Harm Reduction agency covering 12 counties around the Capital Region is funded through The Office of Drug User Health at the Department of Health (DOH).

Program Goals

- Respond to disproportionate rates of disease and death in PWUD.
- Reach vulnerable/disengaged populations.
- Link PWUD with services that will decrease the negative impact of their substance use and increase their safety.
- Change minds and reduce stigma around substance use.

Lines of Service

- Drug User Health Hub.
 - Syringe exchange program.
 - Opioid Overdose Prevention Program.
 - Outreach/Engagement Services.
 - Bridge Clinic (low barrier buprenorphine clinic).
 - Hepatitis C (HCV) Patient Navigation Services.
- Peer Navigation Services
- Law Enforcement Assisted Diversion (L.E.A.D)

Project Safe Point Supporting the MAT Program Participants at Albany County Corrections and Rehabilitative Services Center (ACCRSC)

- Project Safe Point has been doing Opioid Overdose Prevention Training (OOPT) at ACCRSC for years.
- Overdose prevention training is provided; Narcan[®] kits can be picked up with property upon release.
- Goals: Re-connecting in the community and providing other services needed.
- Re-entry specialist is supported by other program staff including Harm Reduction Outreach Specialists and Peer Navigators.

How In-reach Works

- Referral emailed to Project Safe Point (PSP).
- Visit scheduled for same or next day.
- Needs assessment completed.
- Linkages created to providers in community.
- Overdose prevention training completed during assessment with naloxone kit placed in participant property for collection upon release.
- Release planning and identification of other barriers.
- More visits as needed.

Staffing and Support

- In-reach conducted by **Harm Reduction Case Manager** – responsible for assessment, safety planning and Overdose Prevention Training during initial visit. More visits as needed but minimally two visits before release when possible.
- **Peer team** – Team is made up of individuals with lived experience, Certified Recovery Peer Advocate (CRPA) Certification and training, who offer individual support post incarceration.
- **Harm Reduction Outreach Specialists** – Supporting Harm Reduction Case Manager with plan implementation especially around safety planning and overdose prevention in the community.

Intake and Assessment



PROJECT SAFE POINT

HARM REDUCTION RE-ENTRY SERVICES ASSESSMENT FORM

Client ID: _____ Date: _____

Name: _____ County: _____

Date of Birth/Age: _____ SS#: _____ Race/Ethnicity: _____ Gender: _____

Marital Status: Single Married Divorced Widowed

Employment Status: FTE (35 hours or more) PTE (Less than 35 hours)

Homemaker/Caregiver FT Student

Unemployed Unable

Other/please specify _____

Education Level: Less than High School High School Diploma/GED

Some College Completed College

Date of Referral: _____ Referred by: _____

Anticipated DOD/Next Court Date: _____

Is client an existing PSP Participant? Yes No If so, what program? _____

Client Mailing Address: _____

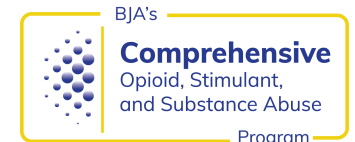
Client Phone Number: _____

Contact Person if we can't find you: _____

Contact Address: _____

Contact Phone Number: _____

ALCOHOL/DRUG HISTORY



Outreach and Community Engagement

- Connections in the community.
- Individuals leave facility with a 30-day script.
- Staff available to pick participants up on release.
- Support for other service needs provided (Department of Social Services, Primary Care, Insurance, Sheltering and more).
- Safety planning and harm reduction services.
- Peer support.

Goals for In-reach Services

- Connect with everyone at ACCRSC suffering from Opiate Use Disorder.
- Alleviate unnecessary suffering while incarcerated.
- Reduce the risk of overdose upon return to the community and connect to necessary services.
- Connect with individuals in different systems, whether its through law enforcement, hospitals, other public health agencies etc.

Program Achievements/Successes

- Since January 2019, the program has received a total of 500 referrals, of which 300 have engaged with program staff.
- **The ability to in-reach and outreach is crucial to engagement and service delivery.**
- All participants receive overdose prevention training and naloxone at discharge.
- **Each engagement offers the opportunity to reinforce harm reduction strategies and safety planning.**
- Participant successes vary according to each individual.
- **Opportunities to educate, advocate, and reinforce harm reduction and address stigma within the correctional setting have been invaluable.**

Contact Information

- Jill Harrington
 - Email: jiharrington@cfgpc.com
- Jordan A. Lyons
 - Email: jlyons@cfgpc.com
- Kimberly Green
 - Email: Kimberly.Green@albanycountyny.gov
- Ed Fox
 - Email: Edf@ccalbany.org
- Jason Oliver
 - Email: Jason.Oliver@albanycounty.com

Questions?

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



COSSAP GRANT PROGRAM

LEARNING OPPORTUNITIES

AREAS OF FOCUS

PUBLICATIONS & DIGITAL MEDIA

PDMP TTAC



SEARCH

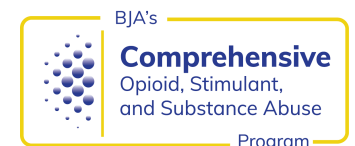
TRAINING AND TECHNICAL ASSISTANCE

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>.

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at <https://www.cossapresources.org/Program/Applying>.

Join the COSSAP community! Send a note to 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.



BJA's

Comprehensive

Opioid, Stimulant,
and Substance Abuse

Program