COSSUP
Comprehensive Opioid, Stimulant, and Substance Use Program

PODCAST SERIES TRANSCRIPT

Insights on Providing Medication-assisted Treatment in Rural Jails: A Jail Administrator's Perspective

Announcer: Welcome, and thank you for listening to this recording, part of the Comprehensive Opioid, Stimulant, and Substance Use Program, or COSSUP, podcast series.

Dr. Melissa Stein: Hello, and welcome to our podcast, Insights on Providing Medication-assisted Treatment in Rural Jails: A Jail Administrator's Perspective. I'm Dr. Melissa Stein, a senior research associate with Policy Research Associates. We are a partner of Advocates for Human Potential, which is one of six training and technical assistance providers with the Comprehensive Opioid, Stimulant, and Substance Abuse Program, also known as COSSAP. The cornerstone of BJA's COSSAP initiative is its emphasis on partnership and collaboration across public health, behavioral health, and public safety sectors. Effective community responses leverage the combined expertise of each of these disciplines and rely upon unified and coordinated strategies. This podcast is one of five that will provide insights on providing medication-assisted treatment in rural jails from the perspectives of the different partners involved, including jail administrators, jail medical providers, among others.

Today, we're speaking with a jail administrator about creating and implementing MAT in a rural jail. Administrator Jessica Pete is the jail administrator of the St. Louis County Jail in St. Louis County, Minnesota. A Minnesota native, Administrator Pete has worked in various capacities in the field of corrections, including corrections officer/dispatcher, corrections officer at a work release program, corrections sergeant, field training commander, captain of operations, and after a short time as the interim jail administrator, she was promoted to jail administrator of the St. Louis County Jail in July of 2021. She was instrumental in creating and implementing a full in-house training program for the St. Louis County Jail. She also updated an existing field training program, which subsequently won an award in 2012 through the Minnesota Sheriffs' Association. She's been a critical partner in the creation and implementation of the medication-assisted treatment program in St. Louis County Jail. She attended the University of Minnesota, where she studied criminology and anthropology. She's also a proud recipient

of the Patriotic Employer Award through the Federal Department of Defense for her work with military employees. So, Administrator Pete, thank you so much for joining us today.

Administrator Jessica Pete: Thank you, Melissa.

Melissa: So, Administrator Pete, one of the overarching issues that we encounter when we talk about implementing medication-assisted treatment, which we refer to as MAT, is the stigma associated with substance use disorders and MAT. From your perspective as a jail administrator, where and how does the stigma show up in jails and what are some ways to address it?

Jessica: Very early on, we noticed stigma was a huge deal inside our facility. We have many different cultures inside our facility, and one of the biggest things, we have a large tribal community in our county, and so with that, for the current tribes that are in this community, abstinence is their big way of treatment. So, with that, they are opposed to the use of MAT medications. One of the things we had to do to combat some of that part of the stigma is work with the Native American group, educate, and then recognize that abstinence and medication may both work together, which we offer both inside our facility.

Another stigma we saw was we have a lot of staff who get into this line of work because they have experience with substance use in the past, and so they want to give back to their communities the way people have given to them. And so, their part of recovery may have been an abstinence base, and so they have the bias that that's the only way to go. So, it takes a lot of training and a lot of communicating with those staff to have them see that this is actually a good thing for our jail.

With that, correctional staff, overall, have a mindset that this is trading one drug addiction for another. It's kind of a common theme in those that work actually on the floor in the correctional world. And so, there's a very real fear of diversion and overdosing inside the units, which we see with other medications commonly used to treat mental health or pain medications. And so, there's a very real fear for these people, but one of the great things about Suboxone, specifically, is there is no real harm in taking too much and there is no real high from it, is what we are learning. So when they do divert, it actually might be good for someone else to start getting the benefits and when we find out who that person is, maybe we can get them on the program, we're finding. Because inmates are not always very vocal about their needs, and they're not always very truthful about their needs.

There is a stigma that when you get inside a correctional facility, that you will be violated through the courts or probation if you fess up to using any type of illegal substance. And so, we've had to really work with the inmates and show them that this is just for their medical care—this has nothing to do with the criminal world and the criminal justice system—and get them to actually want to be a part of the program and want to tell us what they're doing in the outside.

There's a lot of shame and a lot of biases in our community alone. So, when you go back out into the community and you start telling your family and friends that you're on this medication, it doesn't feel good. And so, we've had to work a lot with reentry and some positive role models, positive support systems, peer support systems so that they can continue on their recovery instead of going back to their old experiences or back to their old way of life. So that is another one that we've had to work with.

We have found, with COVID-19, a very cool opportunity with training because there is not a lot of training out there on MAT, on Suboxone, on the use of Narcan or naloxone. And so, it's hard as a jail leadership to bring that training into your facilities. And so, with COVID-19 and everything being recorded and virtual, there are more opportunities out there for us to get the message out to our correctional staff but also to our visitors that come to our facility, where we can train them in the use of Narcan or naloxone so that they can take those kits home with them as they take their loved one home. We have done some work in our programming that we can share these videos with the inmates so they don't have to have the live, we don't have to have live people inside the facility giving it. So COVID-19, even though it's not really a blessing, has brought about some changes that way to help correctional facilities be able to bring in things we've never been able to do before.

Melissa: That's really great to hear. And kind of going back to the point that you made about working with people to prepare them to go back to the community using a medication, and you mentioned peers, and it sounds like you have different partners involved in preparing people for that transition. Can you share a little more about that?

Jessica: Yeah. When we very first started talking about bringing a medication-assisted treatment program into our facility, we started as a collaborative group. We had partners from the judicial bench; we had partners from our probation office, from our other correctional partners; and we had attorneys both sides, prosecution, defense; we had doctors in the community; we had treatment providers, treatment centers. Obviously, the sheriff and I were a part of this, and we all sat down and we put together a plan. We did get some grants to help us

with this. Our medical provider, we are very fortunate with the company that we use that it's the actual owner/director who comes in and takes a part in these things. A lot of these bigger medical companies, you don't always get that face-to-face contact with the provider. And so, he helped us. He was a great help, and that's the first thing you have to do.

Second thing is you have to figure out what each person has a role in this. Our medical provider provides all the medical care in the facility, and that's so easy. We can prescribe medication and do everything we need to do while in the facility, but what happens when they get released? Who's their provider out in the community? Who's going to follow with them? Who's going to help hold their hand? Who's going to hold them accountable? And so, that's where you bring in your peer support, that's where you bring in your doctors, your community providers, and you have collaboratives with them that when you call, they make appointments within 24 hours or, if it's a holiday weekend, by the next business day, or they set up the prescriptions in the community to get you through, or we will set up and send out enough prescriptions to get through, your peer support. We have Rural Alliance Duluth, who helps us with harm reduction and gives us the peer support and sets up all these community supports. And so those were huge.

Determining whose role is what, we have a MAT navigator who is a specialized counselor that helps with reentry, and she works hands-on with every one of these community partners and every person that comes in on MAT—whether it's methadone, Suboxone, Vivitrol—she works with them to make sure they have a place and resources when they leave. Our biggest barrier as a rural jail is the size of our county. It's about four hours from one end of our county to the other. And so, transportation's a barrier, and we have three jail facilities; a couple of holding facilities are about two hours from our main Duluth holding facility. And then we have different views and outlooks between North St. Louis County, South St. Louis County, because South St. Louis County is considered the metro of the north, where North St. Louis County is our rural areas, our mining areas.

Also, we do a lot of cross-training between our correctional staff and our medical staff. We make sure that everybody's on board, everybody can administer, in an emergency, medications as needed, and then we both give them the same training to make sure they understand the importance of what we're trying to do, and then we let them ask questions. One of the things we found out, we hired a nurse that was specialized in MAT and, within a month, we found out she really didn't

believe in it. This wasn't her passion, and so we had to readjust and find a better fit of a person to do this because it is not everybody's belief system.

Sometimes you're going to have major disagreements with your partners in the community because community care and correctional care are two different things. One of the biggest things—doesn't matter if it's substance use, doesn't matter if it's mental health, doesn't matter if it's regular physical health—there are certain medications that are prescribed in such a way in the community that aren't appropriate inside a correctional facility. It's not appropriate really to provide sleep medication when they have the opportunity to sleep all day long and we monitor for it. It's not appropriate to provide very high narcotic medications or other things that could be diverted, used, sold, and people could overdose and have some very bad reactions in the facility. It causes bartering and fights and things as the haves and the have nots, those that have what everybody else wants. You're going to see in most jails, about 75 percent of the populations have a substance use disorder. The have nots really want what the people who have it have.

So, there's going to be some of those disagreements, and what you've got to learn is to understand each other's perspective and you've got to be able to work together. So, when you get done with the correctional setting, can they transition back to community care and can they get a different type of prescription or a different type of care, and that they realize when they come back in that the care is going to change again and not making drastic changes. People's bodies can't handle drastic changes either.

Melissa: We've touched on stigma and the critical partnerships and collaborations. So now I'd like to just touch on the nuts and bolts of implementing and running the program. Once you have staff and stakeholders on board, what kind of programmatic decisions need to be made to get an MAT program started in a rural jail?

Jessica: First off, cost, and where are you going to find the medications? Not all rural jails have access to very close, say, providers that are X-waivered. A lot of rural jails don't even have a methadone program in their community. We are very fortunate that in the Duluth area, we have both, and we are very fortunate in our range areas that we have a lot of community providers that are X-waivered and will help us out in the boundary waters of Ely, up in the mining communities of ore; there are providers up there that'll help.

Another thing is to remember, if you build it, they will come. It's one of my favorite things. So we thought, in one year, we'd have about 30 to

35 participants. Our jail holds about 167, operational-wise, 167 people. So we thought, all year long, we were told we'd get about 35 participants. We ended up 2021 with 137 participants throughout 2021. And we also turned away because we just did not have the capacity to help every single person at every given time due to we didn't anticipate needing the amount of staffing it was going to take to administer medications and screen people for the program.

So, as you remember with medications, the biggest thing is diversion. And so, with this medication, it dissolves. Suboxone dissolves, or methadone usually is a liquid form and it takes about 10 minutes to ensure, as you are closely monitoring these people, that the medication gets dissolved. They're not slipping it into their pockets, they don't have candy in their mouth that they stick it around and hide it to the roof of their mouth. We even have tan-colored paper towels in the units look very flesh-colored, and they try to hide it underneath that, stuck to their top of their mouth, thinking we wouldn't see it.

Another piece problematic is space. One of my biggest dreams right now as we talk about is separation of these people. Can I separate my medication-assisted treatment people versus my abstinent-based treatment? Which would also stop a lot of the diversion and the issues that come with that. Where are you going to medicate these people, since it takes 10 minutes per person? Can you do two or three of the same classification? We have a lot of high-risk and administrative segregation individuals, so they have to be separately done one at a time. Which medications are you going to provide? Methadone has a lot more restrictions to it versus a Suboxone, which needs an X waiver.

One of the coolest parts about the COVID pandemic—which I don't say a lot of things are cool about the pandemic—is it opened up the restrictions on methadone. We were never able to bring it into our facility. And so, Minnesota opened up the take-home doses, and so we were able to get our law enforcement partners to help us pick up the medications that we needed and bring them to our facility so we could dose. So, we were able to keep people maintained on that form of a treatment. You've got to remember, you need open communication. I am in medical every single day checking on how things are going, who's doing what. Are we catching this? As I'm helping with a booking and I hear, "Hey, I need my methadone. I need my Suboxone." Bringing that information, teaching the staff that this is important and being that role model piece of it.

Policy changes. What are you going to do? Are you going to peer support recovery or recovery support people? A lot of those have a criminal background. How are you going to accommodate them to be

able to do their very critical piece of the work? We were able to do video visiting so they still could get a face-to-face visit.

Reentry planning, as I've talked about previously. Who do you hook up with in the community? Is this person, what culture are they? Would they go better with this type of person? Where do they live? Is there somebody up there who's available? And not everybody from a jail gets released to your community. Some go to prison; some go to treatment centers. We found, in the beginning, there wasn't a lot of treatment centers and our Minnesota State prisons were not doing any type of MAT program and they would wean them off the minute they got into their facilities.

Since 2019, the Minnesota DOC has now started implementing their own MAT program because a lot of us jails were starting up with it and putting a lot of pressure on that this needs to continue. And so, treatment centers, same thing. You've got a substance use disorder, you've got to fit the right one that's got a provider or a way to stay on the medication.

Melissa: I think that's so powerful. Jail leadership, using their positional power to advocate for more treatment, to more access to MAT in those prisons, in the treatment centers. So, I hope that our other listeners or other jail administrators listening will take a cue and also think about how they can advocate for MAT in their communities. And so, there are also maybe some jail administrators listening right now and wondering, okay, I buy this. I want to do it. So, what advice would you offer to a rural jail administrator who wants to start an MAT program?

Jessica: First thing is start off small. Don't take the big piece of the pie and take a bite out of it. You'll be overwhelmed. Like I said, we grew so big so fast that we were overwhelmed on the staffing aspect of it. The need is there. Start off by just maintaining people on their drug, on their medication, and work yourself towards inducting people who need it or just maintaining your pregnant females and see where you go from there and see what challenges you're seeing with that. Can you get grants? This isn't exactly the cheapest program inside a correctional facility—a lot of staffing costs, a lot of medication costs, a lot of preparation and policy changing. So can you get some grants to cover, at least to get you started? It is better to overstaff than understaff. That's the one thing we learned. So, plan for more staff than you think you will need. It's better to reassign them to other duties, as needed, as you grow instead of being short-staffed and have to try to find people quickly so you can continue what you're doing.

And first thing to remember is your medical provider is your medical provider; they dictate kind of what you're going to be able to do inside your facility. You get to have some collaboration and some work with them, but they have the degrees; you have the security side of it, they have the medical side of it, and you have to learn to work together. That saying, not all medical providers believe in MAT. And so, that's when you and your sheriff or your leadership need to start advocating and working towards what is it that you want for your jail population and how do you get there. How do you get your medical provider to come on board? And sometimes you've got to be very creative.

Melissa: You mentioned once about having nursing students come in to help with evaluating pieces of your program. Could you share more about that?

Jessica: I am working with St. Scholastica, one of our colleges in the area, and they have a nurse practitioner course. So, I have experienced nurses who hopefully soon will be coming in, and they will be experiencing exactly what the jail nurse experience is. So, they will be going through and starting the assessments. They will be seeing people in withdrawals; they will be working with people who have been here a while but now suddenly need medication. And so, you've got to figure out do they have an opioid use disorder or is it a med-seeking disorder? They will be passing the medications, hearing the stories from these people, and then they will be evaluating with us where are gaps in our program just inside the facility and what is it they think we need to go forward? Because it would be nice asking for more monetary means from our local county board is to have some of that documentation and an outside source looking at it.

Melissa: Absolutely. What a tremendous opportunity for those nursing students, nurse practitioner students, as well as for your organization. And we often talk about those partnerships and how critical they are to getting data and getting to those outcomes that then can create that pitch for more funding and more resources. So, I really love that example and that work that you all are doing.

Jessica: Well, and it's a nice pitch towards correctional nursing. Who teaches correctional nursing out there? Who says they want to grow up and work in a jail? I didn't. So if I can get people into the process and go, "we're not so bad, and actually this might be better than an emergency room," it's safer sometimes. I mean, I've got some people in brown uniforms that will back you up in a heartbeat. So it helps with even just our recruitment or just our overall picture of what we are and what we do.

Melissa: So, wow. Thank you so much for this information, and we really appreciate you sharing your wealth of experience and expertise with us on this very complex issue. And I think you've given our listeners a lot to think about and hopefully inspired them to implement some of these strategies in their own communities. And thank you to all of you who've tuned in today. If you missed the other podcasts in this series, please be sure to listen to them on this channel. There's a lot of great information there for anyone interested in bringing MAT to rural jails. For more information on similar topics, check out the COSSAP Resource Center at www.cossapresources.org. And there, you can sign up for the COSSAP Listserv to receive more helpful information and resources on a regular basis. Again, thank you, Administrator Pete, for your time.

Jessica: Thank you, Melissa. Thanks for having me.

Announcer: This podcast is funded through a grant from the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions expressed in this podcast are not necessarily the official position or policies of the U.S. Department of Justice.