



**PODCAST SERIES
TRANSCRIPT**

***Insights on Providing Medication-assisted Treatment in
Rural Jails: A Social Service Provider’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.

Jen Christie: Hello, and welcome to our podcast, Insights on Providing Medication-assisted Treatment in Rural Jails: A Social Service Provider’s Perspective. This is one podcast of a series supported by the Bureau of Justice Assistance and 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 the 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.

I’m Jen Christie, a senior program associate at Advocates for Human Potential, one of six training and technical assistance providers for the COSSAP initiative. I assist the COSSAP grantees with implementing and sustaining the programs that are COSSAP grant-funded. This podcast is one of five that will provide insights on providing medication-assisted treatment and rural jails from the perspective of the different partners involved, including jail administrators, jail medical providers, and community-based providers, among others. Today, we’re speaking with a telehealth coordinator about working within a MAT program to provide effective services within a rural area. Hi, Courtney.

Courtney Collier: Hi, Jen.

Jen: Mr. Courtney Collier is a telehealth coordinator for Pathways, a division of West Tennessee Healthcare, a regional behavioral health and medication-assisted treatment provider. He is a certified peer recovery support, has an MBA, and is currently enrolled in a master’s of clinical mental health counseling program at Freed-Hardeman University. Within his role as a telehealth coordinator, Mr. Collier coordinates MAT and other related services for individuals for jail partners and referral sources. He describes his overall goal as providing superior customer service to his clients and referral partners, in turn helping to break

COSSUP PODCAST SERIES TRANSCRIPT

through the barriers and stigmas as associated with services for mental health clients. Courtney, thanks so much for being here. Let's jump right in.

Courtney: Thanks so much, Jen. I am so glad to be here and that you guys asked me to be a part of this. I'm very excited to share what information I have. Thank you.

Jen: So, Mr. Collier, one of the overarching issues associated with medication-assisted treatment, or what we often call MAT, is the stigma associated with substance use disorders and medication-assisted treatment. From your perspective as a telehealth coordinator for a community health care facility, and as a person with lived experience of a substance use disorder, what barriers related to stigma do people with substance use disorders face in rural communities?

Courtney: Well, there are a lot of people with substance use disorders who sometimes view MAT as just another form of addiction, substituting one drug for another, some of the concerns being what might be considered being dependent on the medication, especially in the rural communities, challenges like having access to educational materials, and a lot of resources sometimes are limited. Even if individuals agree to take medication to treat their substance use disorder, some believe that they must get off the medication to truly be in recovery.

It's also hard to be on MAT in rural places, especially where there are fewer recovery groups or other groups that do meet are often likely to be abstinence-only groups. The culture of some of these abstinence-only groups in rural communities can really contribute to the communities' overall resistance to MAT. People on these medications might struggle with not being able to, for example, go to church without feeling judged, or finding recovery housing that doesn't require them to be off certain medications, even getting support from family members. People sometimes don't understand drug addiction, and so that promotes the fear that individuals have with substance use disorders and especially in participating in MAT as a part of their treatment.

Jen: Thanks, Courtney. Is there anything in particular about being in Tennessee or part of the Bible Belt that adds to the stigma?

Courtney: Yes, I believe that sometimes we have the belief of faith or religious people that we should just be able to pray for things and they happen, and sometimes this discouragement about having other resources of help outside of the church can sometimes be stigmatizing. I think that that plays into a lot of the psyche when it comes to mindset of other alternatives of help.

COSSUP PODCAST SERIES TRANSCRIPT

Jen: That's really interesting. Thanks so much. How do you go about combating this stigma and obtaining buy-in for MAT from your clients?

Courtney: Well, as peer supporters, we definitely try to encourage the buy-in of MAT from individuals with substance use disorders. As peers with shared lived experiences, we know how to navigate the often-disjointed systems of care, such as the courts, social services, treatment, so we can help walk them through all the processes and help them feel more comfortable with some of the choices that they'll be making. Peers can also help to navigate the relationship challenges that often exist because of the drug addiction and all of the new challenges that might come upon a person being on MAT. There are a lot of ins and outs of handling the medication and keeping the appointments, being able to make sure that things are communicated clearly, that a lot of times the person may not just be aware of.

By providing treatment to address the whole person, such as providing therapy to address someone's trauma, in addition to the medication, that can definitely help with the buy-in. Now, while the medication does help the physical aspects of healing, many people also need help in healing from mental illness or trauma that has played a role in their substance use. And that leads me to another point. Using trauma-informed approaches and care is important and can definitely encourage buy-in.

Motivational interviewing also helps the clients to foster buy-in. Sometimes contingency management or prize incentive groups, they can also help individuals who are incarcerated or motivated to stay in recovery through incentivized prizes. And then when they are released, they're connected to a value-based group, and that also gives them different rewards, like gift cards, as part of the group's contingency management strategy.

Another thing is also rapport building and language, which is very, very important. Many providers may choose to stop using the word "inmate" because it can be harmful to the person who is trying to get reestablished in the community. So alternative things to "inmate" may be "people who are in jail or prison" or, instead of saying "former inmate," you can say "people who are integrated back into the community." Also, another might be "a person who's experienced incarceration." Person-first language is very, very important because it puts the person in front of the situation that they're dealing with.

Jen: That's great. Thank you so much, Courtney. One thing that I wanted to ask you about was how you go about building rapport and why it's important for your agency.

COSSUP PODCAST SERIES TRANSCRIPT

Courtney: So one of the things that I know I do personally to help build rapport, I think, is providing a sense of hope. I think, regardless of where the person is or what situations they're dealing with, if I can help them see some light at the end of the tunnel, some kind of means to the end of what they're going through, then maybe that gives them the drive or desire to just take that next step. A lot of times it's just encourage them, just like a baby walking, "Hey, just take one step, just take one step." And a lot of times it's just finding that one thing that may help them be encouraged and feel strengthened to take that next step.

Jen: That's really cool. Thanks so much for sharing that. So, I want to move on and talk about collaboration and essential partners. So, Mr. Collier, what kind of partnerships and collaborations do social support programs need to have in place to successfully support individuals on MAT?

Courtney: Sure. I believe one of the most important partnerships with the jail staff is to ensure that when people are released, they are able to immediately be connected through what's called a warm handoff. That just means that the person released goes directly from the jail custody right into a supportive environment, ideally with a peer transporting them home or to a program where the office is going to receive them for services.

Definitely having a relationship with the court system is helpful and identifying candidates for services, even while their cases are processing through the justice system. This also gives us an early opportunity to begin working with the person prior to release or, at any point during that process, we can start to plant some seed of thought of what the next step may be and what things may look like once things are reconciled.

Relationships with local benefits, enrollment coordinators such as SSI or SSDI Outreach, Access, and Recovery communities, or SOAR specialists, they can also help people get reinstated or enrolled in Medicaid or other benefits like disability, which can be a critical part of someone being able to get into housing or treatment. Also, probation, parole, and child protective services or vital partners. Not only in support of MAT, reentry may also be difficult because the individual is being released from custody. The community and church leaders can also be important to educate and also bring them into alignment. These are sometimes the first point of contact that some people have as a resource, and if they're educated on how to navigate where to get additional help, that can be very critical in a person's steps of recovery.

The families of people also on MAT are very important to engage. Once a family member understands what MAT is and the recovery process, they can also provide a great level of support to the individual, including housing, transportation, and social and emotional support. And lastly of course, telehealth, which is used before the pandemic, was also broadened. As more telehealth became available, there are more and more resources in the rural communities that have sometimes not been available. No longer do people have to be within a few miles of the resource. As long as they have services, then they're able to connect and get the help that they need.

Jen: That makes a lot of sense. I'm sure over the course of the pandemic, you've had to really expand your networks and really rely on those telehealth.

Courtney: Absolutely.

Jen: So, knowing who the people are to partner and collaborate with is very important. Do you have any suggestions for how to foster these collaborations?

Courtney: Sure. Personally, reaching out to stakeholders can really be effective in creating a rapport and the trust needed for collaboration. If the judges or the jail staff know who you are, they are more likely to think of your services when they come across someone who needs additional support. Monthly stakeholder meetings can be helpful for developing plans and helping the community become aware of what resources are available. These type of meetings can be held with all partners who are working with clients, such as peer recovery centers, harm reduction agencies, employment agencies, community medical providers, housing agencies, residential treatment providers, sober living houses, child welfare, domestic violence services . . . the list can go on and on.

Cross-trainings that also include people in those different aspects, this can help the relationship and building and buy-in for MAT. For instance, like a multidisciplinary agency, having trauma training with community stakeholders, that can be a great way to encourage collaboration among groups such as the police departments, EMTs, judges, prosecutors, probation, faith-based communities, peer supports, families, and community leaders. The more conscious and aware that they are of those resources, how the medication-assisted treatment works, the recovery process, that all really helps to enable them to be positive supports for people in recovery.

COSSUP PODCAST SERIES TRANSCRIPT

Jen: That makes a lot of sense. So, I understand that part of your job is building those partnerships as a court system. Tell me how it is working with judges and how their support is helpful.

Courtney: On this side, it's actually really amazing sometimes to see the compassion that judges can have. Working in collaboration with judges, you get to see an aspect of them really caring. When they're reaching out and they have difficulty working with someone, or sometimes they don't know what to do, but when they have that resource there and they can use you as a sounding board to get your input, and when you have that positive relationship, a lot of times they listen. And that can really definitely help the person that they're trying to work with.

Of course, as a person who may be in the judicial system, you're seeing another side of it, like the system against me. But sometimes even as a peer, you can step in as that mediator to help them not only to navigate but sometimes to see that "hey, this judge is really trying to help and really trying to be there and really showing that they care." And so sometimes hearing that from another source can help that person feel a little bit more positive about how things are going.

Jen: I bet. That's really awesome. So actually very related, from your personal experience and professional experience working with people in your community, what are some important ways to support those individuals who are on MAT after they're released from jail?

Courtney: Well, it's very important for individuals to be able to access services to meet basic needs. Medication helps for withdrawal, but it doesn't help the long term if the individual needs food and shelter. This means that housing-first approaches are very important. Housing is a very critical need, especially sober living options. Sometimes people can find housing, but it may not be the best housing. And if that's the only option that they have, then that doesn't give them much choice and that makes their recovery even that much more difficult. Individuals being released from jail may need help in finding affordable long-term housing or even short-term shelters.

A lot of times individuals do need assistance with obtaining income once they've been released from jail, and it can be difficult getting a job for somebody with a criminal history. There can be a lot of barriers there that may prevent them from taking particular types of positions. There are unemployment specialists who can definitely help clients build a resume, connect them to community resources, and they also partner with employers to provide job opportunities. There are also faith-based

organizations that offer volunteer jobs to transition from being in the criminal justice system. You can also help individuals use their skills towards entrepreneurship.

One of the things I found personally is that a lot of people that are involved in the justice system, they have a hustle mentality, so they definitely know how to make things happen. It's just gearing them towards a positive direction and being able to do that so they can accomplish some very astronomical things. They've already proven that they can do it. So finding them some direction to be able to do that in a positive manner, I think, is very important.

You can also support an individual's transition from jail or incarcerate to making sure that they have access to MAT services. This can be through public transportation or volunteer transportation programs. In particular, our MAT program, they have a list of different options for transportation that clients can use. That way when they're running into those difficulty, problematic situations, they can have some options to stay engaged in that treatment.

Some communities use something like Rural Transit Enterprises. They can also transport people to work, shopping, medical appointments, and appointments . . . a basis for maybe \$1 per mile. Most places also have something like Medicaid or other transportation program that provides rides only to Medicaid-funded medical appointments. But these also have to be scheduled in advance. So it's important that the person understands that. It's also helpful to link people to services that are closest to them. That way, you can help overcome transportation barriers. Rural communities are especially challenged by often long distances to access services.

So another option is to set up telehealth appointments for waiver providers or peer specialists or behavioral health providers. Of course, after being released from jail, individuals need to also have medical coverage and they also may need to find assistance with getting their insurance set up or even reinstated. Understanding that sometimes people who are able to get employment may then begin to make money and be qualified for other critical resources, this can actually have a destabilizing effect sometimes. So it's important to provide that wraparound support and ensure that they're being supported in all those aspects as they continue to grow in their recovery.

Jen:

Definitely back to that whole person recovery, right?

Courtney:

Yes.

COSSUP PODCAST SERIES TRANSCRIPT

Jen: So, I understand that when COVID hit, because you already were doing telehealth, you purchased iPads. Can you tell me more about that?

Courtney: Sure. So the grant that I worked under initially, it was called a telehealth rural expansion grant, and the initial thought process was to have these big telehealth machines at different site locations and that would allow the clinicians to do telehealth with particular sites. And these are pretty big-screen-TV type of things. But as soon as COVID hit, those were almost null and void. Those became almost eradicated. So they're, in a sense, sitting around collecting dust.

But we did, in a sense, push forward, and we had to become innovative in how we would be able to do that and make resources more available, because the clients weren't able to come to the health facility to be able to use the one telehealth machine to the other site. We had to find a way that could involve them being able to interact with telehealth from wherever they were. And so, the Zoom and the iPads became a very important key component of that. Enabling each clinician to have their own iPad and being able to connect with multiple clients through the agency was very, very critical and important. I found it helpful myself.

Jen: That seems very reasonable. We all have to adapt to COVID.

Courtney: Yes.

Jen: It sounds like you guys did a great job.

Courtney: Thanks.

Jen: So, the last thing I want to ask you about is the importance of peer support. Can you elaborate on the value of peer support? Why should we consider having people with lived experience embedded in all of our program?

Courtney: Sure. So peer support can help encourage buy-in from clients because a lot of times they can relate to both a person's experiences and feelings. Peers may have been in the exact same facilities or programs, so they can connect on a level that sometimes is nearly impossible for people without this experience to reach. Peers can also provide a link to treatment and other resources that have personally been used and experienced. So sometimes you can give a personal experience of what that was like to deal with a facility or a program, or sometimes even the people that work there, and you can encourage the person to know "hey, that's a really good person and they're really going to look out for you." So, they can go in sometimes with a more open mindset of receiving the help and services.

COSSUP PODCAST SERIES TRANSCRIPT

Also, peer specialists might have the flexibility to help someone with transportation, just depending on the program. Sometimes they can take them out to lunch just to talk and help them in other ways that a clinician sometimes isn't able to help. There are codes of ethics that the peers are responsible for following, and sometimes those might be slightly looser than what a clinician's code of ethics may be. So that gives them an additional level of connecting with that person.

Peers also have a deep understanding of the barriers and the blocks a person in recovery may face, especially in rural communities. Peer can help talk or support a person through some of these challenges in a way that helps keep them moving forward in their recovery.

Jen: I've heard you refer to peer support as the special sauce for treatment. What do you mean by that?

Courtney: Well, I kind of have a saying, "the power of a peer," and it's just this kind of synergy connection that sometimes allows the person to feel just a little more comfortable with taking some of those walls down. And it's not that a clinician is not capable of helping a person; I think it's more so from the person receiving the services that has these built-up walls or protection that sometimes it may take a little bit longer for a clinician to break down. Whereas when you come in as a peer and you say, "hey, I remember when I sat in that seat and I was thinking A, B, and C," and the person is shaking their head like "yep, that's right exactly where I'm at." And that lets them know, yeah, this person may get it.

Jen: The power of the peer. I love it. Thank you so much.

Courtney: Thank you.

Jen: So, thank you so much, Mr. Collier, for sharing your experienced insights into this complex issue. It's given our listeners a lot to think about, no doubt, and hopefully inspires them to implement some of these strategies in their own community.

Thank you to all of you who tuned in today. If you missed the other podcasts in this series, be sure to listen to them on this channel. There's a lot of great information there for everyone interested in implementing MAT programs in rural jails. For more information on similar topics, make sure to check out the COSSAP website at cossapresources.org, and be sure to sign up for the COSSAP Listserv. Again, thank you, Mr. Collier, for your time.

Courtney: Yes, thank you so much for having me.

Jen: We appreciate it.

COSSUP PODCAST SERIES TRANSCRIPT

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.