Meeting the Needs of Individuals with Substance Use Disorders:

Strategies for Jails

SAFETY+JUSTICE CHALLENGE

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NATIONAL ASSOCIATION of COUNTIES NACo

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Despite counties' best efforts to divert people with substance use disorders (SUDs) away from the justice system [see *Meeting the Needs of Justice-Involved Individuals with Substance Use Disorders: Strategies for Law Enforcement*], at times, an arrest is necessary. Sheriffs and jail administrators are increasingly recognizing the need to provide appropriate treatment while an individual is in custody, particularly for the 63 percent of sentenced jail inmates who have an SUD.[1] Because of the high prevalence of people with SUDs in jails, these institutions have an opportunity to identify these individuals early and provide services to help treat them before their release.

Creating a culture of rehabilitation in county jails involves multifaceted programmatic and policy changes. Criminal justice stakeholders can implement screening and assessment processes to identify which individuals in the jail suffer from SUDs, connect people to treatment and inform decisions on which people may be better served outside of the jail during their pretrial period. County jails also have an opportunity to provide treatment for individuals during their stay in a controlled environment and training programs can better equip jail staff to identify and respond to people exhibiting symptoms of SUDs in the jail. Jail administrators can implement evidence-based therapeutic interventions to treat the causes and symptoms of SUDs and provide education and training opportunities for individuals with these disorders while they are incarcerated to prevent relapse upon release and reduce the likelihood of recidivism.

This brief will discuss strategies counties are employing to identify individuals with SUDs in jail, train jail staff and create an in-custody environment that facilitates rehabilitation and effectively connect justice-involved individuals to treatment upon release.

Training for Jail Staff

Substance use disorders (SUDs) and mental illness are often co-occurring: Nearly two million jail admissions each year involve a person who suffers from a serious mental illness, three-quarters of whom have a co-occurring SUD.[2] Training correctional officers in the Crisis Intervention Team (CIT) model or Mental Health First Aid (MHFA) can help them better identify people with SUDs and more effectively respond to a person experiencing a related crisis.[3] Like CIT for law enforcement officers, the CIT curriculum for corrections staff teaches jail personnel how to identify and deescalate crisis situations involving individuals with mental illness and SUDs in the jail and connect individuals to treatment. CIT training has been shown to improve response times for crisis, increase officer safety, reduce rates of injury to inmates and jail liability and increase chances that justice-involved individuals are connected to treatment.[4]

The **Harris County (Texas)** Sheriff's Crisis Intervention Response Team (CIRT) is composed of CIT trained officers who are called to deescalate situations involving individuals experiencing behavioral health crises, violent incidents and cases of individuals attempting suicide. CIRT officers then work with the jail's mental health unit to connect them to treatment. CIRT officers also seek out individuals in the jail who have mental illnesses and work with them on a personal basis. By having correction officers who are CIT trained and a 108-bed mental health unit fully staffed with mental health professionals, the jail provides extensive care to individuals with mental illnesses and SUDs.[5]

Screening and Assessment

When an individual is booked into jail, he or she should be screened as soon as possible for symptoms of an SUD. Screening can be conducted by jail staff who have been trained on the screening tool or by jail medical or nursing staff. Ideally, screenings should take place within four hours of booking using an evidence-based and validated screening tool.[6] When choosing an instrument, jails should consider reliability and validity of the instrument, ease of use/training requirements for jail staff and cost. Existing screening tools can be modified to meet a jurisdiction's specific needs, but the adapted screening but should be validated for use on that jail's population.[7] Several evidence-based screening instruments are free for counties to use, such as the Simple Screening Instrument (SSI), the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and the Texas Christian University Drug Screen 5 (TCUDS 5).[8]

Those who screen positive for symptoms of an SUD should then be referred to a clinician for further assessment and, if necessary, to develop a treatment plan. These assessments can help jail and clinical staff understand an individual's specific SUD and other health issues by asking for information such as types of drugs used, methods of use (intravenous, oral, etc.), whether the drug use is related to a medical issue, overdose history and history of substance abuse treatment. Jail and/or medical staff should also observe drug misuse and withdrawal symptoms such as anxious and irrational behavior, needle marks on skin and state of consciousness.[9] Results from these assessments can be used to refer individuals to services during their stay in jail and upon release.

Maricopa County, Ariz., developed a screening process in its jail to identify and address SUDs using the Screening, Brief Intervention, Referral to Treatment (SBIRT) model.[10] Jail staff administers the Drug Use Screening Test (DAST-10), an evidence-based screening tool that measures an individual's risk of SUD, to everyone at intake. Jail clinicians conduct follow-up interviews for those who screen positive and refer them to treatment and drug abuse education in the jail. To reduce costs, the county's public health department and correctional health services cross-train jail staff and behavioral health providers on the nature of SUDs and how to connect people to appropriate treatment.[11]

Jail Population Review Teams

Some counties have implemented jail population review teams to identify individuals in jail for non-violent, low-level and/or first-time offenses who would be better served in community-based treatment rather than jail—including individuals who may be suffering from an SUD. These teams are composed of staff from different county and local agencies such as corrections, courts, law enforcement, health and human services departments and community treatment providers who meet regularly to review jail and arrest data to identify individuals who are eligible for diversion based on their charges and risk assessment results. Those who qualify can have their bail lowered, case expedited or can simply be released. Through these teams, prosecutors and public defenders can negotiate release terms while mitigating for risk to public safety and failure to appear in court using mechanisms such as electronic monitoring or connections to community-based treatment and services upon release. Population review teams also can lead to lower jail populations due to shorter lengths of stay and/or case processing times.[4]

> **Lucas County, Ohio,** implemented its Population Review Team in 2016 to reduce overcrowding in the jail. The team, composed of prosecutors, public defenders, pretrial services staff, jail staff and community mental health personnel, meets on a weekly basis to review the pretrial jail population, determine why a person remains in the jail and identify if there is a way for he or she to be safely released before trial or have his/her case resolved quickly. For example, the review team works to identify individuals who may have an SUD and connect them to services in the community upon release, so a judge may feel more comfortable releasing that person with some level of pretrial supervision. The Population Review Team reduced the jail's total bed days by 1,800 in 2017.[12]

Jail-Based Treatment

Critical to helping people with SUDs in jails is connecting them to treatment. Every person's SUD is different, so it benefits county jails to offer more than one treatment modality when resources allow. Two treatment programs are particularly effective for the justice-involved population.

Medication-Assisted Treatment (MAT). For people with opioid use disorders, medication-assisted treatment (MAT) programs in jails offer an opportunity to break the cycle of drug abuse and behavior that keeps many individuals repeatedly encountering the justice system. MAT involves administering drugs that mimic the physiological effects and/or block the euphoric effects of opioids. There are three main types of MAT drugs: methadone, buprenorphine and naltrexone. These medications help ease symptoms of withdrawal and reduce cravings that can lead to further opioid use. MAT has been shown to increase survival, improve treatment retention and decrease criminal activity and illicit drug use. Counseling and case management are needed in conjunction with MAT to assure success. [13]

Health professionals, such as licensed practical nurses, can undergo training to receive certification to properly administer these medications. Jails that do not have the resources to employ clinicians and behavioral health professionals directly can contract with outside service organizations to provide services such as MAT, case management and therapy while a person is in jail and as they are being released to promote continuity of care. [14]

Snohomish County, Wash., established a buprenorphine MAT program in 2018 to combat the high rate (40-50 percent) of individuals in the county jail's medical unit suffering from opioid withdrawal. Buprenorphine is a medication that mimics the physiological effects of opioids and can be used to manage cravings and withdrawal symptoms. Individuals are screened and given medical tests to establish eligibility for MAT. If approved by medical staff, individuals are given a buprenorphine regimen to manage withdrawal symptoms while in custody. The program is overseen by a team of three nurses and a physician and supervised by correctional officers. The program has successfully freed up beds in the medical unit and moved those suffering from opioid withdrawal into the general population. Upon release, participants are connected to community-based providers to continue treatment.[16]

In **Suffolk County, N.Y.,** the Department of Health Services, County Executive's Office, Criminal Justice Coordinating Council and Sheriff's Office collaborated to develop and implement a Vivitrol® (naltrexone) program to address the needs of people with opioid use disorders in the county jail. Vivitrol® is a medication that can be used in daily pill or 30-day injectable form that blocks the euphoric effects of opioids. The program identifies individuals in the jail who are high risk for opioid misuse upon release. These individuals are provided education on treatment alternatives and, if interested, a shot of Vivitrol® prior to their release and referral for post-release MAT, including case management.[15]

Cognitive-Behavioral Therapy. In cognitive-behavioral therapy (CBT), individuals work on problem-solving techniques and address thought processes that lead to substance misuse and illegal behaviors, with the goals of preventing relapse, reducing the likelihood of recidivism and improving the individual's quality of life.

CBT can be provided individually or in a group setting by a trained and licensed corrections officer or mental health professional and should take into account gender, age, race and ethnicity in order to provide clinically relevant treatment.[17] Organizations such as the National Institute of Corrections offer training for corrections officers to become trained CBT facilitators. Potential participants should undergo an SUD assessment and risk assessment to determine their eligibility to participate in CBT and receive individual case management to explore social supports and prevent relapse upon release. There are numerous CBT models designed specifically for justice-involved individuals, including Relapse Prevention Therapy (RPT), Reasoning and Rehabilitation (R&R) and Criminal Conduct and Substance Use Treatment: Strategies for Self-Improvement and Change (SSC).[18]

CBT overall has been shown to be effective in reducing recidivism by 30 percent and to have a positive cost-benefit effect for jurisdictions that administer the therapy. For example, in one study, site providers of the SSC model reported that 50 to 56 percent of participants refrained from using illegal substances during the program.[19]

> The **Lake County, Ill.,** jail offers classes based on cognitive-behavioral therapy principles that help individuals learn how to manage anger, aggression and addiction. The jail also provides support groups for individuals with SUDs and mental illnesses led by justice-involved individuals. Individuals in the jail can also take advantage of GED classes, health education, money management classes and workforce training to prepare them for release.[20]

Health Care Enrollment

Losing health care while in jail can be a barrier for individuals with SUDs seeking treatment after release. The majority of states now suspend individuals' Medicaid eligibility rather than terminate it upon jail admission so those who were already enrolled can more easily pick back up with their treatment where they left off or engage in new treatment upon release.[21] And in states that have expanded Medicaid, more individuals leaving jails are likely eligible to enroll in Medicaid, making it easier for them to access treatment services. One way that a number of counties are taking advantage of these opportunities is by working with community partners to house "navigators" in their jails or probation offices to enroll people leaving jail in health care so they can be connected to treatment and services with minimal delay. [22]

Starting in 2012, the Sheriff's Office in **Cook County, Ill.,** partnered with Cook County Health and Hospitals Systems and Treatment Alternatives for Safe Communities (TASC), a local non-profit organization, to enroll eligible individuals detained in the jail into Medicaid. Enrollment staff from TASC are integrated into the jail intake process to screen every individual that enters the jail for Medicaid eligibility and to start the enrollment process. Over 15,000 people are now insured as a result of beginning an application in the jail, allowing them to be quickly connected to treatment and services upon release.[23]

Training and Education for People Being Released from Jail

Justice-involved individuals with opioid use disorders are three to eight times more likely to overdose after being released.[24] Jail and reentry staff are well positioned to reduce this overdose risk by developing programming and resources to provide education on the risk of substance misuse, training soon-to-be-released individuals on how to recognize when an overdose is occurring and how to administer naloxone and providing free doses of naloxone upon release. This type of training not only helps prevent overdoses, it also can empower individuals in recovery to assist in addressing the substance use and opioid epidemic.[25]

Counties have also started utilizing peer support specialists to engage people in treatment while in jail and assist them when transitioning back into the community. Peer specialists, also referred to as peer recovery support specialists or certified peers, are individuals who have personal experience with SUDs and/or the

criminal justice system. These specialists can provide advice and support based upon their own experiences and assist individuals with navigating the reentry process and treatment services. Having a personal contact to whom individuals in recovery can relate on an experiential level can motivate them to stay engaged with treatment and reentry services. [26]

> In **Chesterfield County, Va.,** the Sheriff's Office partnered with the City of Richmond's Substance Use and Addiction Recovery Alliance to offer training for jail inmates involved in mental health or SUD recovery programs to become certified peer recovery specialists. Participants take a 72-hour course that involves learning about 20 behavioral health models focused on relationships, resiliency, behavioral health challenges, communication and more. Specialists must also complete 500 hours of peer recovery facilitation to become fully certified.[27]

Resources

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