

Jail Reentry for People with Substance Use Disorder

| Part 2: Creating a Continuum of Care

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Stronger Counties. Stronger America.



Meet the Speakers



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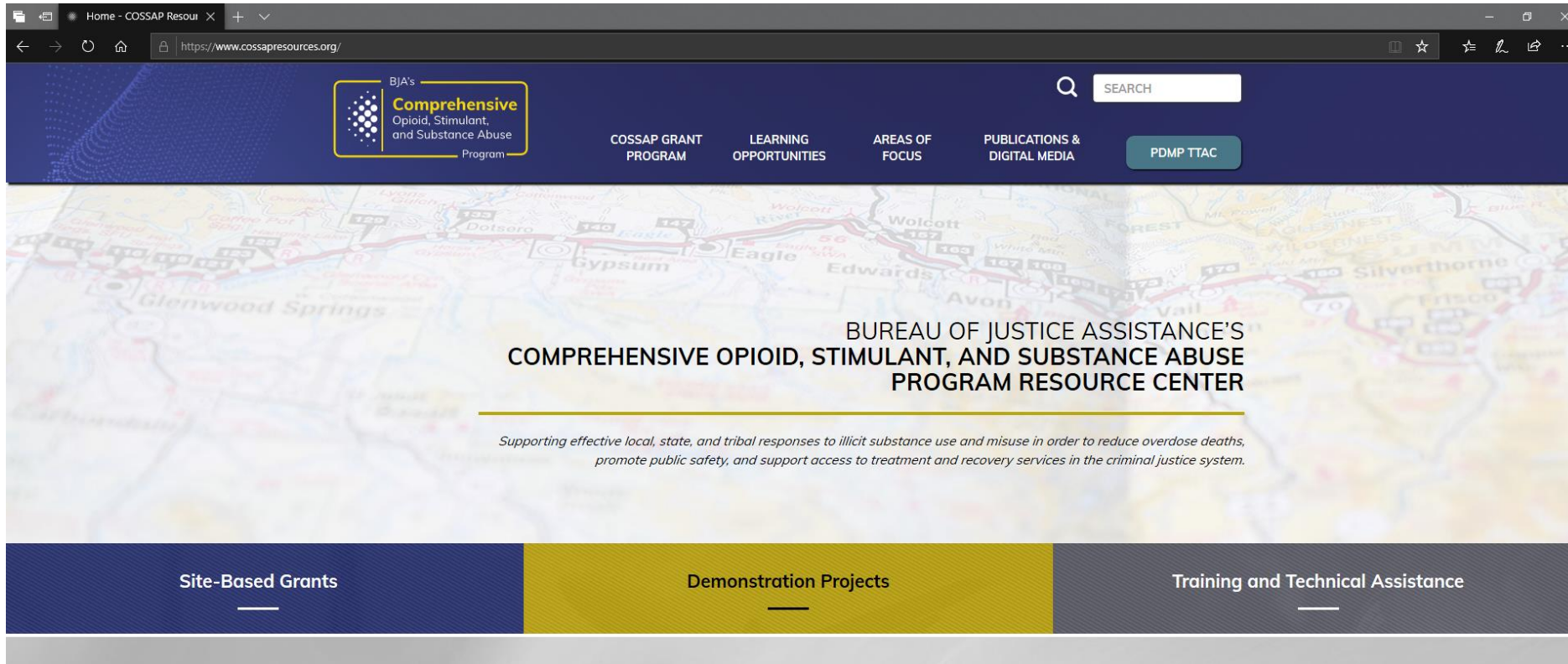
COSSAP Resources

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.

Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center



www.cossapresources.org

Recovery Care Teams: Overcoming Unintentional Barriers

Valerie Gray Hardcastle

Vice-President for Health Innovation



Incarceration Demographics

Kentucky

- 2nd highest rate in the nation for children with at least one parent incarcerated
- 2nd highest rate of female incarceration
- Jail population increased 22% during COVID
- 37% serving time for a drug conviction are re-incarcerated within 3 years.
- Drug-related arrest rate of 1,707/100,000

Carroll and Owen Counties

- >50% arrests are drug-related
- >50% incarcerated are convicted on drug charges
- >85% detained misuse substances
- Drug-related arrest rate of 5,207 /100,000

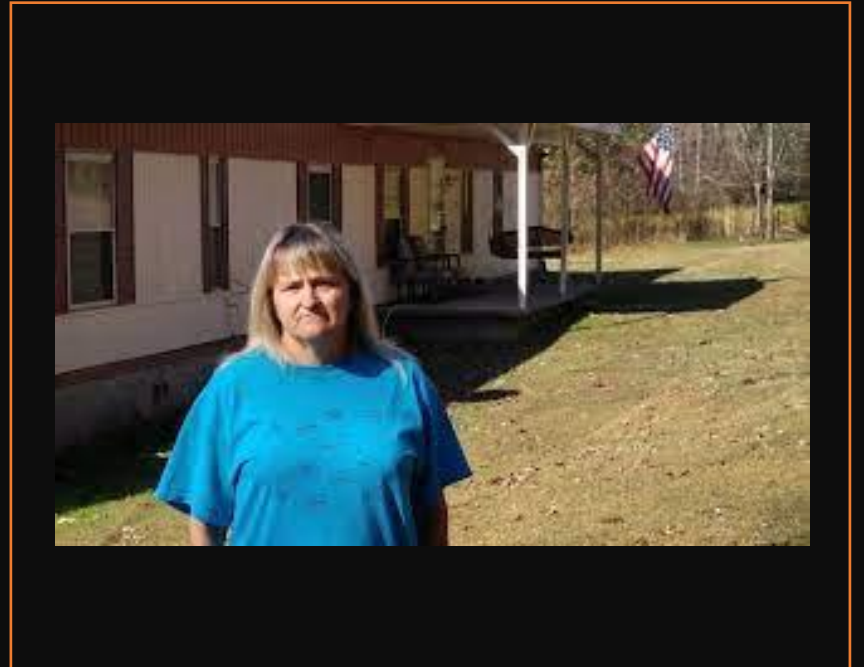
Carroll County Detention Center

- 166 detainees for 120 spaces
- No behavioral healthcare or specialty medical care available



Health Care in Carroll and Owen Counties

- Designated Health Professional Shortage Area for both Primary Care and Mental Health Care
 - Ratio of residents to Primary Care Providers is 2,660:1
 - Compared to 1,520:1 for Kentucky
 - Compared to 1,320:1 for the US
 - Ratio of residents to Mental Health Providers is 2,690:1
 - Compared to 490:1 for Kentucky
 - Compared to 470:1 for the US
- No full-time behavioral health providers
- No one waived for buprenorphine
- Most care occurs out of county – 40-90 minutes away



Compassionate Care Coordination

- Affirm clients' dignity
- Encourage openness and trust
- Problem-solve
- Identify and reduce barriers
- Encourage self-efficacy
- Manage resistance
- Promote non-dualistic thinking

In order to

- Reduce relapse rates
- Increase health care utilization
- Link patients to social services
- Improve access to transitional care





**NORTHERN KENTUCKY
OFFICE OF DRUG CONTROL POLICY**
Creating chances, creating change.



PUBLIC DEFENDERS
DEPARTMENT OF PUBLIC ADVOCACY



**Institute for
Health Innovation**



Recovery Care Team

Logistics

- KY DOC approval
- Member signed data-sharing and confidentiality agreements
- Detainees' signed consent
- Weekly meetings
- Data and outcomes kept on HIPAA-compliant platform used by region



Continuity of Care

- Instructor/Coordinator
 - Moral Reconciliation Therapy
 - GED
 - NA/AA groups
- NorthKey therapist
- Peer Support Specialists





Results

- Data collection and analysis just beginning
- MRT in community
- Community support groups increased
- Demand for care coordination services increased
- Starting recovery community in Gratz

The logo features the letters 'NKU' in a large, bold, black serif font. A white flame icon is positioned to the right of the 'U', appearing to rise from its top curve. The background is a solid yellow color with decorative diagonal lines and a dotted pattern in the corners.

NKU

NORTHERN
KENTUCKY
UNIVERSITY

PROJECT SAFE POINT

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Project Safe Point

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Project Safe Point

- ▣ 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

Program Goals

- ▣ Respond to disproportionate rates of disease and death in PWUD
- ▣ Reach vulnerable/disengaged populations
- ▣ Link people who use drugs with services that will decrease the negative impact of their substance use and increase their safety

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 Virus Patient Navigation Services
- ▣ Peer Navigation Services
- ▣ Law Enforcement Assisted Diversion (L.E.A.D.)

Project Safe Point supporting Medications for Opioid Use Disorder Program participants at Albany County Corrections and Rehabilitative Service Center

- ▣ Project Safe Point has been doing OOPT at ACCRCS for years
- ▣ Provide Overdose Prevention Training with Narcan kits being picked up with property upon release
- ▣ Goals: Re-connecting in the community and providing other services as needed
- ▣ Harm Reduction Case Manager supported by other program staff including Harm Reduction Outreach Specialists and Peer Navigators
- ▣ Access to low threshold Buprenorphine through Bridge Clinic

Background

- ▣ January 2019 – Albany County jail begins Phase 1 of MOUD provision in collaboration with NYS Department of Health (NYSDOH)
- ▣ Re-entry services provided to participating inmates by Project Safe Point
- ▣ “Harm Reduction Re-Entry Wrap Around Services Program”
- ▣ November 2019 – Phase 3 begins, MOUD available to all eligible individuals incarcerated at ACCRSC
- ▣ Additional funds needed to continue and expand re-entry support services
- ▣ Overdose Response Strategy (ORS) Pilot Project
- ▣ 2019-2020 Implementation Award
- ▣ 2020-2021 Continuing Award

How In reach works

- ▣ Referral emailed to Project Safe Point
- ▣ Visit scheduled for same day or next day
- ▣ Needs assessment completed
- ▣ Work on linkage to provider in the community
- ▣ Overdose Prevention Training completed during assessment with Naloxone kit placed in participant property for collection upon release
- ▣ Plan for release and identify other barriers
- ▣ More visits as needed

Outreach and community engagement -

- ❑ Connecting in the community
- ❑ Individuals leave facility with a 30 day prescription for Buprenorphine
- ❑ Project Safe Point staff are available to pick up individual upon release
- ❑ Working on other service needs (Department of Social Services, Primary Care, Insurance, sheltering and more)
- ❑ Safety planning and Harm Reduction Services
- ❑ Peer Support

Goals for program

- ❑ Connect with everyone at ACCRCS suffering from Opiate Use Disorder
- ❑ To alleviate unnecessary suffering while incarcerated
- ❑ Reduce the risk of overdose upon return to the community and connect to necessary services

Barriers/Challenges

- ▣ Reconnecting in the community – phone not working – unable to find individual through outreach or other efforts
- ▣ COVID 19 – Quarantine
- ▣ Unexpected release
- ▣ Not picking up or filling scripts
- ▣ Lost ID's
- ▣ Shelter/Transportation

Program Achievements/Successes

As of Monday 03/07/22, the program has received a total of 750 referrals, of which 334 have engaged with program staff, since January 2019.

The ability to in-reach and outreach is crucial to engagement and service delivery.

All participants referred receive OD training and Naloxone at discharge, including those going onto State Prison.

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.

Thank You!

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Questions?

THANK YOU!

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