Jail Reentry for People with Substance Use Disorder Part 2: Creating a Continuum of Care

This project was supported by Grant No. 2017-AR-BX-K003 awarded to the Institute for Intergovernmental Research (IIR) by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of IIR or of the U.S. Department of Justice.

Stronger Counties. Stronger America.





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 waivered for buprenorphine
- Most care occurs out of county 40-90 minutes away





Compassionate Care Coordination

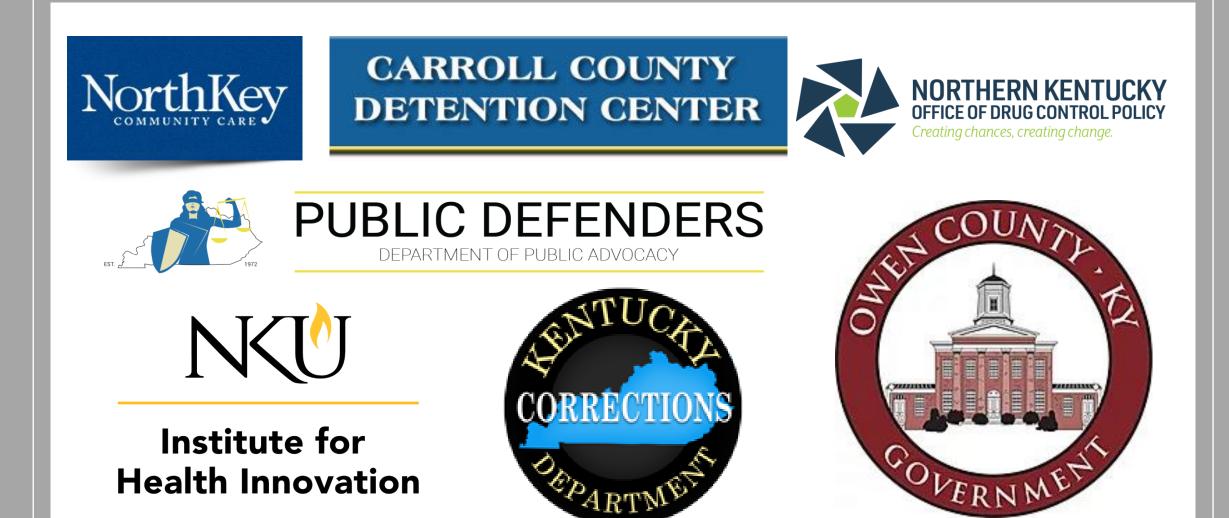
• Affirm clients' dignity

- 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





Recovery Care Team

Logistics

- KY DOC approval
- Member signed datasharing 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 Reconation 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

For more information:

Valerie Hardcastle Email: hardcastle@nku.edu

NORTHERN KENTUCKY UNIVERSITY

THANK YOU!

This project was supported by Grant No. 2017-AR-BX-K003 awarded to the Institute for Intergovernmental Research (IIR) by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of IIR or of the U.S. Department of Justice.





