



Bureau of Justice Assistance (BJA)-Supported Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Successful Strategies for Addressing the Opioid Epidemic in Rural Communities: Jail-Based Programming

The **Rural Responses to the Opioid Epidemic (RROE) project**, co-funded by the Bureau of Justice Assistance, the Centers for Disease Control and Prevention, and the State Justice Institute, supports 21 rural sites across the country to develop or enhance efforts to strengthen epidemiologic surveillance and public health data infrastructure; implement effective community-level opioid overdose prevention activities; and establish or enhance public safety, public health, and behavioral health collaborations. Sites may also expand peer recovery and recovery support services that help people start and stay in recovery.

Learn more about the RROE project at <https://rural.cossapresources.org/>.

According to the National Institute on Drug Abuse, 85 percent of the prison population has an active substance use disorder (SUD) or are incarcerated for a crime involving drugs or drug use. Inmates with opioid use disorder (OUD) are at a higher risk for overdose following release from incarceration.¹

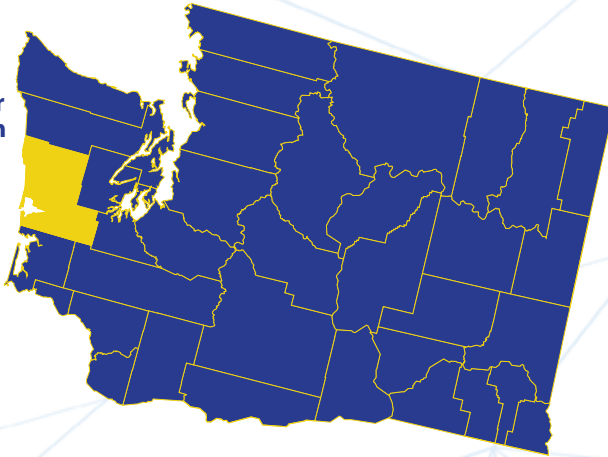
To combat the rising numbers of individuals with SUD, jails across the country have begun implementing jail-based programming to help incarcerated individuals as they seek recovery, reduce recidivism, and reduce the chances of overdose upon release. This brief is one in a series highlighting projects that are part of the RROE project.

¹NIDA, June 2020, "Criminal Justice DrugFacts," retrieved from <https://nida.nih.gov/publications/drugfacts/criminal-justice>.

Topics in *Successful Strategies for Addressing the Opioid Epidemic in Rural Communities* Series

- Engaging With Faith-Based Organizations
- Law Enforcement- and First Responder-Led Diversion Programs
- Engaging the Local Business Community
- Youth and Families Prevention and Intervention
- Harm Reduction
- Transportation
- Response Teams
- Jail-Based Programming

Grays Harbor
Public Health
and Social
Services



Grays Harbor County Public Health and Social Services

Grays Harbor County covers an area of approximately 2,000 square miles with a population of approximately 74,000 on the western border of Washington State and includes the Quinault Indian Nation and the Confederated Tribes of the Chehalis Reservation. In the past 15 years, Grays Harbor County has seen an increase in opioid and polysubstance drug use/misuse. For the period between 2018 and 2020, the county experienced one of the highest rates (23/100,000) of death due to drug overdose in the state. Recent surveillance measures from May 2021 to April 2022 show the overdose death rate has almost doubled (42/100,000).

One of [Gray's Harbor County Public Health & Social Services](#)' top priorities with RROE grant funding was to establish a system of care in the county jail. The jail pre-COVID population was 163 persons with an average length of stay of 31 days. At the beginning of the planning phase of this project, Gray's Harbor was contacted by behavioral health researchers at the University of Washington, who had a grant to study the effectiveness of an expedited system planning process. They were able to collaborate

with facilitators from the Public Health Institute, who led us through a process (based on Theory U) to design a system of care for the county jail. "Being from public health, sometimes, it feels like we are the 'dictator,' and we really wanted this to be a community buy-in and community effort," says Wilma Weber, the community health specialist with Grays Harbor County Public Health.

The first step was to recruit a five- to seven-person task force with the goal of creating a system of care that was the right fit for the community. "I have been in public health for 16 years, and this was, hands down, the easiest recruitment I have ever done. It is a very passionate issue, and we had a lot of [community] members that were willing to put in the time it took to get this done," says Weber. The task force members represented members from community agencies, the jail, public health, and people in recovery who had been through the system. The process was led by two facilitators and consisted of five meetings over a ten-week period. The vision that was presented to jail leadership was to initiate universal screening for everyone entering the jail, and the opioid-positive patients would be offered medication-assisted treatment (MAT). "We wanted to add dedicated staff members for participants in the MAT program and reentry planning upon program entry through an in-reach program partnering with community treatment agencies to help build that trusted relationship upon reentry," says Weber. Six months after the initial facilitated planning of this program, they were able to start working.

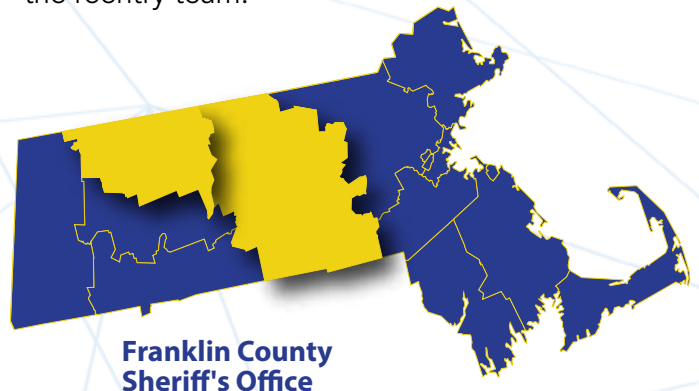
Lieutenant James Byrd with the Grays Harbor County Sheriff's Office says stigma was a major challenge in the initial months of implementation, especially from the clients themselves. "Getting them to buy off on that their life is worth more than a baggy of heroin

is a monumental task in and of itself," he says. Byrd reported that when they tried MAT before, it became very clear that the medication alone does not work. "We were 0 for 82," he says. Now that there is a combination of medication, life skills classes, and other resources, individuals who have been in and out of jails are making progress toward recovery. One impactful activity is reading success stories of prominent individuals that were previous addicts who turned their lives around. "It is good to see when they pick up those books and start reading, and then they can't put them down. They get that engrossed into the story, and they slowly see a way for them to get out of it themselves," says Byrd.

Getting support from the jail staff members was a challenge as well. In an effort to determine what conversations needed to take place to get staff members on board, a MAT knowledge and opinion survey was issued to the jail staff, court staff, and others who would be involved in the project, and the results were published in a newsletter Weber had put together about the system of care to address some stigma issues. As the program is implemented, the newsletter will highlight the successes of the program and will start chipping away at the stigma in the community. After 6 months of implementation, the survey was readministered with the results reflecting the instability in implementation. Initially, 56 individuals participated in the survey, and on follow-up, only 19 individuals participated with less than positive results. During the 6-month implementation period, there was significant staff turnover, which interrupted the continuity of the system of care.

This system of care continues to evolve and contribute to individual successes in recovery. Gray's Harbor is continuing to connect individuals with alternative sentencing via participation in

Drug Court, Family Recovery Court, or in-patient treatment as appropriate, and reentry supports from peer counselors are big keys to the success of this system. Since March of 2021, our reentry component has engaged with 63 individuals while in custody. Of those 63, 42 have ultimately been released to the community, and 85 percent of those individuals remain active in pursuing their recovery goals with the reentry team.



Franklin County Sheriff's Office

Franklin County, Massachusetts, and the North Quabbin Region of Massachusetts comprise 30 towns in an area that spans nearly 1,000 square miles in the northwestern part of the state, with a population of approximately 87,000 people. Franklin County is the only federally designated rural county in the Commonwealth and has a low population density. Between 2020 and 2021, the number of fatal opioid overdoses reached record numbers with 33 and 44 deaths, respectively.

In 2021, 55 percent of inmates at the Franklin County Jail were opioid or heroin involved, and 90 percent had been diagnosed with a SUD, mental illness, or both. Data from Franklin County Jail also reveal that the median score and the adverse childhood experiences screening tool was five out of ten. Scores of four or higher indicate severe childhood trauma.

Jail-Based Programming

The award-winning Opioid Task Force of Franklin County and the North Quabbin Region is housed in the [Franklin County Sheriff's Office](#) and was created with funding from the Massachusetts State Legislature through a legislative earmark. Using an evidence-based and public health approach, it identifies a range of prevention, intervention, treatment, and recovery strategies that are implemented through a robust organizational infrastructure of committees and workgroups.

The Franklin County Sheriff's Office has a national reputation for implementing evidence-based SUD treatment, which originated from a three-year training and technical assistance (TTA) grant awarded to them from the National Institute of Corrections, which helped lay the groundwork for how to adopt an evidence-based strategy. A five-pillar model was used as a recipe book for how to implement the MAT program as well. The pillars are leadership, vision, and organizational culture; collaborative structure and joint ownership; data-driven programs; evidence-based targeted interventions; and self-evaluation for continued sustainability.

The MAT program began in the Franklin County Jail to adapt to the rising numbers of SUD in the community and, in turn, the rising number of individuals coming through the jail system with SUD. In the beginning stages of program conception, if someone came into the jail that had been on MAT for more than a month, that medication would continue to be administered. By 2018, they started offering induction to pretrial and sentenced individuals with an OUD screening process beginning at booking. During that process, it was determined the number of individuals who would benefit from continuity of care on methadone. It was then that the focus switched to becoming an opioid treatment program housed within the jail.

In the beginning, there was not a lot of support, but with the buy-in from the right people in leadership, things progressed. "In this role, we have had the opportunity to experience the visionary leadership of the Sheriff Christopher J. Donelan and how he has empowered his team and his other colleagues to really do some cutting edge, evidence-based, jail-based programming coupled with a very comprehensive and well-respected reentry team," says Debra McLaughlin, the coordinator for the Opioid Task Force of Franklin County and the North Quabbin Region. Getting support from jail staff members and others throughout the community was an important component of the success of the program "There is a lot of disagreement between the harm-reduction approach and the abstinence-based approach. There is also that dialect of 'We are a jail; we are tasked with keeping Suboxone out,'" says Edmund Hayes, the assistant superintendent and director of inmate programs at the Franklin County Sheriff's Office. "The way to address that, I think, is it is important to have a very clear message from leadership and then offer appropriate trainings. Our leadership met with all the staff and listened to their questions," says Hayes. This led to a training on the physiology of addiction conducted by Dr. Ruth Potee, the Franklin County Jail's medical director. This training is now required for all Franklin County Sheriff's Office employees.

Lessons Learned

Progress requires adaptivity. “We are having to change things as we go, which isn’t necessarily a bad thing. I think making things better for everyone concerned,” says Lieutenant James Byrd regarding Grays Harbor’s project. Weber agreed, stating that rapid-fire improvements have been made as they go along in the process. Having the flexibility to change procedures, change services provided to meet needs, and improve communication with everyone involved are vital to reaching the desired outcomes. One of the five main pillars in Franklin County’s work from the transition from jail to community is being able to adapt. “We have to always be reflecting on what our program is, how effective it is, are we getting the outcomes we want? If not, we need to change it,” Hayes says. Self-evaluation is key to sustainability.

The mind needs therapy, too. Jail-based programming is so much more than administering medication. Lieutenant Byrd commented on how medication alone is not enough. Some of these individuals lack self-esteem, have few or no skills to adapt to a life in recovery, or have no way to access the resources needed to learn to be successful as a person in recovery. Life skills classes made available

to those individuals in the jails have seen led to improvements in outcomes. “There have been no reports of ODs of people returning to the [Grays Harbor] community so far since the program has been implemented,” says Byrd. Franklin County also incorporates comprehensive care in its model. “In conjunction with meds, incarcerated patients participate in an intensive mindfulness-based, cognitive-behavioral program. The modality we favor is dialectical behavior therapy that has an evidence-based strategy for SUD, and we teach skills intensively to people in the program,” says Hayes.

Your job is not done after release. Post-release continuity of care is essential for success. The Franklin County Sheriff’s Office has a 21-point reentry checklist that includes connecting the individuals with case managers before release, as well as making their appointments with recovery resource centers, setting them up with insurance if they do not have it, and supplying them with a “grace script” (prescription) to medication until they can get established in a treatment program in the community. The time immediately after release is critical, and individuals need a plan in place.

Visit the COSSAP Resource Center at www.cossapresources.org.

About BJA

The Bureau of Justice Assistance (BJA) provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice’s Office of Justice Programs.

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