

Meeting Brief

Session Title: Franklin County M.A.T. Implementation Planning Session

Date: August 23, 2017 – afternoon session

Organizations in Attendance:

Franklin County Sheriff's Office, Middlesex County, MA Sheriff's Office, Shelby County, OH Sheriff's Office, National Institute of Corrections, NACO, Franklin County Justice Policy and Programs, ADAMH, Franklin County Municipal Court and Probation, Franklin County Public Defender's Office, Franklin County Commissioner's Office, and NaphCare

Purpose:

The Franklin County Sheriff's Office in collaboration with the National Institute of Corrections hosted a daylong information sharing and discussion session on national best practices related to planning, implementation and evaluation of medication assisted treatment (MAT) programs in correctional environments. Presentations from the Middlesex County Sheriff's Office, Franklin County Pathways and HOPE Task Force programs, and the Shelby County Sheriff's Office were provided to audience members during the AM session. The afternoon session included an in-depth whiteboard discussion directed toward Franklin County stakeholders engaged in the planning and implementation of a MAT program in the Franklin County Correctional Center.

Afternoon Session Objective:

- **Develop a pre-release MAT model for the Franklin County Sheriff's Office that aligns with other best practice models and can be replicated elsewhere**

The following notes reflect key reflections and discussions from the August 23rd afternoon MAT planning session:

Overview of Funding and Existing MAT Services in the Jail:

ADAMH of Franklin County intends to allocate up to \$400,000 of federal CURES funding toward the implementation of medication assisted treatment (MAT) within Franklin County Corrections. Historically, **MAT in a pre-release setting has been limited** to participants of specialty dockets supported with ATP funds administered through ADAMH. Current providers of MAT through the ATP program are Southeast, CompDrug, and Maryhaven and only eligible specialty dockets may refer clients. Additionally, the Pathways program has secured a limited number of free samples from Alkermes and has utilized either Southeast and/or NaphCare thus far to administer the Vivitrol shot. For the time being, ATP funding and CURES funding will be administered separately due to the reimbursement process used. ADAMH hopes to "unbundle" the ATP reimbursement process so that MAT implementation can be better streamlined utilizing one provider in the jail. As it stands, Jail Administration must work with multiple providers thus creating scheduling difficulties and space issues.

I. Key Considerations Shared by Middlesex, MA MATADOR Program Staff

- a) Quality staffing is essential. In Middlesex, one full time coordinator (recent addition of a part time staff person to assist Coordinator) is largely responsible for program services, program outreach before, during and after MAT administration and tracking of clients after release from the jail. In Middlesex, this individual is Leah Lewis and it was glaringly clear to all that the coordinator needs to be committed, compassionate and able to balance a variety of roles.
- b) Emphasized to Franklin County that the MAT program as originally designed will likely look very different a few months into implementation.
- c) Encouraged Franklin County to limit rather than broaden the MAT target population at least during the initial stages of the program roll-out.

II. Discussions Regarding Target Population:

Based on the funding support, it is anticipated an average of **32 individuals per month** (figure is above and beyond those served by ATP funding) could be served with support from the CURES MAT funds. Attendees discussed the following methods for narrowing the target population:

- *Males and Females* both eligible for services
- *Medically Eligible* as determined by pre-lab work up
- *Voluntary* – MAT program participation will be strictly voluntary unless it is determined the Court has the authority to mandate participation.
- *Franklin County residents only*
- *FCCI and FCCII* – Consensus was that FCCI (downtown jail) is not conducive to implementing MAT due to the physical layout of the building. MAT model should initially target individuals housed at FCCII.
- *Motivation to Seek Treatment* – MAT recipients **must indicate a willingness to follow through with treatment upon release**. It was suggested the URICA screening tool could be used to measure treatment motivation and readiness.
- *Pre-Sentence vs Post-Sentence*- Consensus leaned toward offering MAT initially to participants post sentence due to the multiple layers of unknowns presented with the pre-sentence population.
- *Community Control Status* – Consensus regarding the offering of MAT services to individuals sentenced to community control/probation to leverage the built in case management component offered by a probation officer, which is critical for treatment.
- *No charge restrictions*.

**Team Members were reminded the initial “look and feel” of the MAT program would likely evolve over time.

III. Existing Inputs

- a. *Jail In-Reach Team:* Southeast Inc has a team of 3 or 4 in reach staff available to conduct level of care diagnostic assessments where needed. Assessment team may serve as a referral source into the pre-release MAT program.
- b. *Brief Jail Mental Health Screen/NAPHCARE Screen at Intake:* NaphCare medical staff are conducting a screen at intake that expands upon the Brief Jail Mental Health Screen and incorporates AOD related questions. This screening could help to “red-flag” potential referrals to the MAT program.
- c. *ATP MAT Program:* MAT is already being offered pre-release so a sub-set of the eligible population is already being served thus providing for “lessons learned” in the program flow.
- d. *NaphCare:* New jail medical provider has indicated a willingness to provide the lab pre-work up required to administer MAT along with offering actual MAT administration.
- e. *FCSO Jail Mental Health Staff:* FCSO has existing Mental Health Staff that could be utilized as a referral source for MAT participation and for treatment referral, linkage and care coordination.
- f. *JFS Navigators:* Jobs and Family Services will be dedicating a team of staff to work with individuals deemed super-utilizers of jail services and could be used for benefits linkage and possibly other supportive type services.

IV. Program Design Discussions

- a. Per ADAMH, treatment linkage post release must be a mandatory component of the MAT pre-release program and where possible, a warm hand off to the provider should be established.
- b. Per Jail Team, MAT clinic should be scheduled during non-traditional hours to avoid the scheduling and space challenges. MAT administration will require at minimum two to three inmate contacts to accommodate for pre-lab work up and any necessary follow up. It was suggested the pre-lab work up could be conducted by NaphCare similar to a “sick call” and then MAT could be administered off hours.
- c. Must determine “who” will be the responsible entity for the overall day to day program coordination. *Who will be our “Leah”?*

V. Referral Sources

Based on the target population discussions, the following could serve as the referral paths into the pre-release jail MAT program: 1) Jail Intake Screening, 2) Probation, 3) Existing Jail MH Team - Doug, Christina and Theresa, 4) Pathways Women’s Program, and 5) Specialty Dockets not able to access ATP funding to support MAT.