Linkages to Care

Franklin County, MA Response to the Opioid Crisis
A Program of Sheriff Christopher J. Donelan

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Franklin County, Massachusetts Sheriff’s Office

- Population ~73,000
- Rural County
- Jail ADP 210
- Population is comprised of Sentenced, Pre-Sentenced, men & women
- County Sheriff & District Attorney are elected; Appointed Judges
- 2 District Courts and 1 Superior Court
- Economically depressed area with extensive opiate use
The Franklin County Jail Program: Overview

- 45% of inmates at FCSO report an opioid addiction
- 2014: Implemented Co-occurring, mindfulness based CBT program
- 2015: Injectable Naltrexone (Vivitrol)
- 2016: Buprenorphine Maintenance Program
- 2018: Buprenorphine Induction Program
- 2019: Fully Licensed Opioid Treatment Program (Methadone)
The Franklin County Jail Program: Overview

- Reentry Begins at the booking
- Assessment driven/dual diagnosis case management
- Intensive skills building: Mindfulness-based CBT (DBT/ACT), trauma-informed care, educational & vocational training
- Medication for Opioid Use Disorder
- Post-release case management
- Community referrals the “warm hand off”
- Harm Reduction and dissemination of naloxone kits
A Community Problem Needs a Community Solution

The Opioid Crisis Affects Everyone.

Where to Start?

Identify Key Stakeholders and Champions in your Community
A Community Problem Needs a Community Solution

The Opioid Crisis Affects Everyone. Where to Start?

- Identify Key Stakeholders and Champions in your Community?

Criminal Justice Partners:
- Police
- Criminal Courts (District Attorney, Bar Association, Judges)
- Probate and Family Court
- Community Corrections (Probation, Parole, etc.)
- Jails & Prisons
- Post-release Reentry Support

Primary Care & Behavioral Health:
- Hospitals
- Community Health Centers
- Behavioral Health Clinics
- Opioid Treatment Programs
- Outpatient Addiction Treatment
- Harm Reduction Agencies
- Recovery Homes

Social Service Providers and the Community:
- Peer Recovery Centers
- Social Assistance Programs
- People in Recovery
- Concerned community members and family members
- K-12 and post-secondary schools
The Sequential Intercept Model

A model for mapping Community Resources and Gaps
Created by Mark Munetz, MD and Patricia A. Griffin, PhD, & Henry J. Steadman, PhD, of Policy Research Associates, Inc.
Franklin County SIM 2016
Collaborative Comprehensive Case Plans

- Developed by the Council of State Governments Justice Center: National Reentry Resource Center through funding from the Bureau of Justice Assistance
- A cooperative hub and spoke model for case planning criminal justice-involved clients

For more information: https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/
Collaborative Comprehensive Case Plans

- Peer support
- Participant
- Participant support system
- Children’s service agencies
- Medical provider
- Substance use treatment provider
- Mental Illness treatment provider
- Courts
- Correctional facility
- Vocational and educational provider
- Specialized housing provider

Lead Case Planner: Community Supervision Agency
Common Challenges to Recovery

- Housing
- Employment
- Peer network
- Family Issues
- What to do with free time?
- Navigating complicated systems
- Dual diagnosed behavioral health concerns
Special Challenges to Recovery: Medication Adherence

The Challenges:

• Naltrexone, buprenorphine & methadone are only effective if adhered to appropriately
• OUD Clients are incentivized to sell their buprenorphine
• Treatment deserts

Evidence based, promising practices, & community responses:

• Integrated dual-diagnosis case management post-release
• Drug Courts
• Telehealth (eg. Recovery Management Checkups by Christie Scott & Michael Dennis)
• Contingency Management models (eg. Voucher based or prize incentivized)
• Community organizing to ensure providers are DATA waivered
Special Challenges to Recovery: Human Trafficking & Sexual Exploitation

The Challenges:

- Women and LGBTQ Youth are at risk for sexual exploitation
- The problem is hidden
- Victims are often groomed from by people they trust
- Victims are reluctant to talk about their situation or don’t know they are being exploited
- Opioids are used to control and exploit
- Resources for help are scarce across the country, especially in rural areas

Evidence based, promising practices, & community responses:

- Meet clients where they are at
- Develop assessments and learn how to talk to clients about their relationships
- Use motivational interviewing
- Help clients to develop new support networks
- Psychoeducation on sexual wellness and harm reduction
- Peer Support