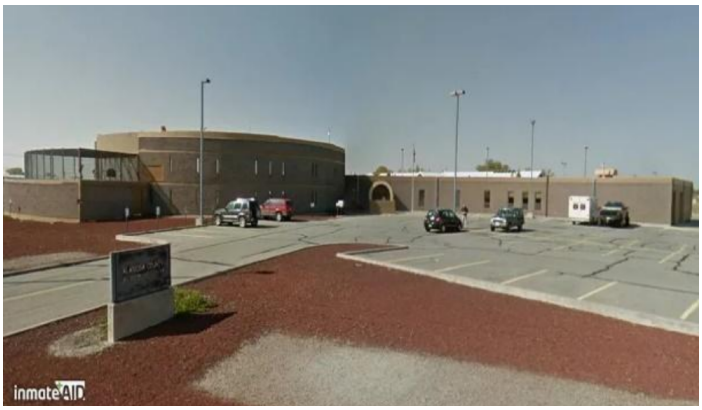
MEDICATION-ASSISTED TREATMENT SERVICES IN SOUTHERN RURAL COLORADO COUNTY JAILS

ALAMOSA, CONEJOS, COSTILLA, CUSTER, FREMONT, MINERAL, OTERO, RIO GRANDE & SAGUACHE COUNTIES



ALAMOSA COUNTY JAIL

CONEJOS COUNTY

COSTILLA COUNTY JAIL

FREMONT COUNTY JAIL

OTERO COUNTY JAIL

RIO GRANDE COUNTY JAIL

Photos taken from county jail, Inmate Aid, or Prison Roster websites (2022)

Funded by Colorado Legislature SB-21-137

Prepared by: The Schreiber Research Group in partnership with
Valley-Wide Health Systems, Alamosa, Colorado

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ABSTRACT

In 2022, Valley-Wide Health Systems secured funding as part of Colorado SB-21-137 to create a Rural Recovery Network (RRN), a nine-county partnership to expand medication-assisted treatment (MAT) services. The Schreiber Research Group was retained to determine what level of service was being offered in criminal justice facilities (local county jails) within the RRN, and to prepare a report identifying the challenges that rural and frontier jails are experiencing in service provision. Data for this report were gathered through publicly available sources as well as surveying and interviewing key county jail personnel and other stakeholders during March–October 2022. Through this investigation, there was recognition that sheriffs and medical staff have historically made independent decisions whether to provide MAT services to incarcerated individuals. This independence was quickly being upended by federal guidelines and a legislative mandate. A pressing deadline that all county jails comply with the Americans with Disabilities Act[1] and Colorado HB-22-1326 (the Fentanyl Accountability and Prevention bill) by July 1, 2023,[2] makes our findings and recommendations timely. This report is a summary of the investigation, including the methods, findings, and recommendations for how to prepare counties with operational jails within the RRN and other Colorado county jails for the upcoming mandated deadlines and to enable the RRN to meet unmet needs and develop referral relationships. This investigation found that the mandate in HB-22-1326 removed barriers to implementing MAT. Notwithstanding, funding alone cannot eliminate all challenges facing remote rural county jails due to a lack of trained personnel and an inability to secure medical staff to implement MAT service provision. Utilizing mobile treatment, telehealth, and other innovative ideas should be explored.

ACKNOWLEDGEMENTS

This report is made possible by funding from the Colorado State Legislature as part of SB-21-137. The grant is being adminstered through the University of Colorado Anschutz Medical Campus, Colorado Consortium for Prescription Drug Abuse Prevention, and the University of Colorado College of Nursing. This report was prepared as part of the Colorado Medication-Assisted Treatment Expansion Program: Expanding Medication-Assisted Treatment for Opioid Use Disorder in Colorado Frontier and Rural Counties.

The Schreiber Research Group would like to thank Valley-Wide Health Systems for the opportunity to investigate medication-assisted treatment service provision in the RRN county jails. We appreciate the support and information we received from the county jail employees, the provider and service provision stakeholders, and all subject matter experts for their contribution to this report. Your open and honest responses to our questions enhanced the quality of the overall report, and the team's ability to understand the essence of the challenges within your county jails and provider facilities.

SUGGESTED CITATION

The Schreiber Research Group. *Medication-Assisted Treatment Services in Southern Rural Colorado County Jails: Alamosa, Conejos, Costilla, Custer, Fremont, Mineral, Otero, Rio Grande, and Saguache Counties.* Denver, CO; 2022.

PROJECT TEAM

Valley-Wide Health Systems (VWHS)

VWHS is a Federally Qualified Health Center (FHQ) with fourteen primary care clinics located across ten Southern Colorado counties. As grantee, administrator and treatment provider for the Rural Recovery Network grant, VWHS is responsible for program oversight, accounting and management of grant funds, and coordination of data collection for reporting and programmatic analysis. As a treatment provider, VWHS provides medication-assisted treatment MAT and behavioral therapy within the scope of primary care, offering buprenorphine and naltrexone as options for MAT.

The Schreiber Research Group (TSRG)

TSRG, which produced this report, is a Colorado-based nonprofit organization that provides research, community outreach and consulting services to positively influence how communities, governments, policy makers, and providers make intervention choices regarding addiction-prone substances. Our dedicated team provides strategy, survey and data analysis, community needs assessments, and training aimed at addressing substance use challenges in the United States.

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The Colorado Consortium for Prescription Drug Abuse Prevention (CCPDAP)

CCPDAP was created in 2013 to coordinate the state's response to the misuse of medications such as opioids, stimulants, and sedatives. The Consortium is supported by and located at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences at the CU Anschutz Medical Campus. Originally created by Governor John Hickenlooper to implement the state's strategic plan to reduce prescription drug abuse, the Consortium works with regional and local coalitions to support their community-based work and manages the work of more than a dozen work groups charged with determining and executing the strategic plan.

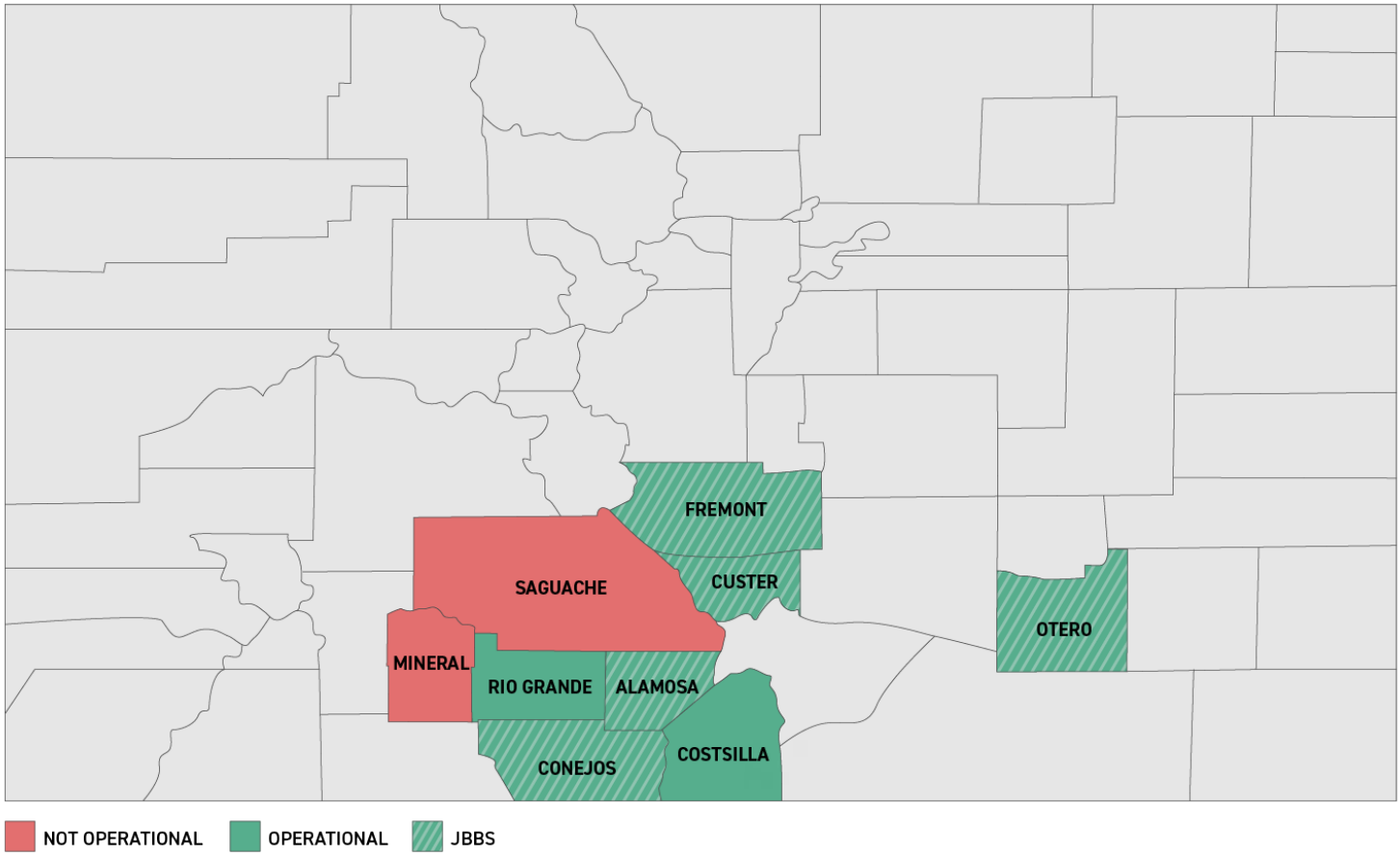
Rural Recovery Network (RRN)

The RRN was established in 2022 as a partnership with service providers in a nine-county area serving Alamosa, Conejos, Costilla,

Custer, Fremont, Mineral, Otero, Rio Grande and Saguache counties. This partnership has key program partners categorized into three areas, MAT providers, patient support agencies, and research. The MAT providers include Valley-Wide Health Systems, San Luis Valley Health, Rio Grande Hospital, Crossroad's Turning Points, Solvista Health, and the Southeast Health Group. Each provider partner serves patients through one or more physical treatment location(s) spread across the service area. Patient support partners include San Luis Valley Area Health Education Center, the Center for Restorative Programs, Loaves and Fishes Ministries, and the Arkansas Valley Resource Center. These partners provide support through harm reduction programs, legal and social needs assistance, and enhanced case management.

The partnership will expand MAT provider capacity, addressing social determinants of health, and optimizing partner resources and patient care though a centralized case management and care coordination (CMCC) unit. The CMCC focuses on which course of treatment is most timely and beneficial for each patient and expedites the induction into MAT treatment with the most suitable network provider. The project also establishes partnerships with an array of community service organizations to serve as referral sources to the CMCC.

Rural Recovery Network MAT Expansion Service Area



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INTRODUCTION

Overdose death rates are a pressing concern for lawmakers, providers, and citizens throughout the United States. In 2021, 107,000 people died of a drug overdose, and about 75% of those involved an opioid.[3] Over 2.1 million people in the United States have an opioid use disorder (OUD).[4] Meanwhile, the United States incarcerates nearly 2 million people[5] and national studies indicate that as many as 85% of the inmate population has an active substance use disorder and only 5% receive treatment.[6] Colorado has approximately 19,785 people incarcerated as of December 2020[7] and as of 2018 ranked 31st nationally with 635 per 100,000 of the population of individuals incarcerated.[8]

The State of Colorado continues to see high levels of drug overdose deaths. According to the Colorado Health Institute (CHI), data from the Colorado Department of Public Health and Environment indicate that the rate of death due to overdose per 100,000 people reached an all-time high in 2019, only to be surpassed in 2020 and again in 2021.[9,10,11] This fact should not be surprising considering crude rates of drug overdose deaths due to any drug per 100,000 residents in Colorado have increased each year between 2015 and 2020, with a total increase of 57.76% during this time period (16.1 in 2015 to 25.4 in 2020).[12] According to the CHI 2018 report, Pueblo and other southern Colorado counties are disproportionately impacted by the opioid epidemic.[13] Overdose death rates per 100,000 for Colorado in 2021 were 32.3, in Alamosa (72.7), in Otero (43.1), Rio Grande (52.6), and Saguache (46.1) counties, the overdose death rate exceeded the state average.[12] All the remaining Rural Recovery Network (RRN) counties data were suppressed in 2021. Overdose death rates per 100,000 for Colorado in 2020 were 25.5, in Alamosa (61.1), Custer (63.6), Fremont (40.8), Rio Grande (52.0), and Saguache (62.6). 12 Otero overdose death rates were below the state average (21.4) and other RRN counties were suppressed.[12]

"Opioid use disorder (OUD) is a life-threatening condition associated with a 20-fold greater risk of early death due to overdose, infectious diseases, trauma, and suicide."[14] The evidence-based options that exist to treat OUD include 3 Federal Drug Administration (FDA) approved medications: buprenorphine (BU), methadone (MU), and naltrexone (NU). Each medication has specific guidelines as to who can prescribe and where. For example, methadone can only be prescribed by a federally qualified opioid treatment program (OTP) whereas buprenorphine and naltrexone can be prescribed in primary or integrated care settings, pharmacies, OTPs, or a substance use treatment program. MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a comprehensive approach to the treatment of SUDs.[15,17] The combination of medication and therapy can successfully treat SUDs, sustain recovery, and prevent or reduce overdose involving opioids.[15,17] The prescribed medication helps to normalize brain chemistry, block the euphoric effects of opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.[15,17]

The American Society of Addiction Medicine supports the standard of care for incarcerated persons to include access to evidence-based treatment for opioid use disorder including access to all FDA-approved medications.[16] Counseling services, case management, and peer support are part of the services recommended for this population. In addition, all detained people at jails/prisons should be screened for opioid and substance use disorders upon entry using a validated assessment tool. Naloxone should be readily available in correctional facilities. When services cannot be offered onsite the use of telehealth should allow for access to services in jails/prisons.[16]

National Commission on Correction Healthcare and the National Sheriffs' Association take the recommendations for MAT forward and clarify that the decision to take medication and the specific medication should be the individual's choice and not imposed upon by the justice or treatment agencies.

The National Governors Association, founded in 1908, is a voice and resource for Governors. In 2021, they provided standards for providing MAT in jails and key considerations for service provision. We have included a table of these considerations for review but recognize that the RRN county jails are not yet in full compliance with the recommendations.

To reduce overdose death and provide treatment options to individuals with a substance use disorder (SUD) or OUD, the Colorado legislature has taken steps to expand access to federally recognized MAT. This includes access whether an individual is incarcerated or seeking treatment outside of a criminal justice facility.

Colorado has implemented three rounds of MAT expansion with key pieces of legislation to support increasing access to BU, MU, and NU:

1. Senate Bill 17-074, which developed a pilot program to receive MAT services in Pueblo and Routt counties (2017).
2. Senate Bill 19-001, which expanded MAT service provision to Alamosa, Conejos, Costilla, Custer, Huerfano, Mineral, Pueblo, Rio Grande, Routt, and Saguache counties, as well as up to two additional rural counties with similar prevalence of OUD and limited access to MAT (2019).
3. Senate Bill 21-137, which continued appropriations to fund MAT for Alamosa, Conejos, Costilla, Custer, Fremont, Mineral, Otero, Rio Grande, and Saguache counties (2021).

During the 3rd round, Valley-Wide Health Systems wanted to access comprehensive data on how MAT was being implemented in rural southern Colorado county jails to inform future expansion.

PROJECT DESCRIPTION

Valley-Wide Health System (VWHS) received SB-19-001 funding in 2019 to launch a regional and collaborative MAT expansion program in the San Luis Valley (SLV). Funding continued through SB-21-137 growing the program to include nine medical and service providers in the SLV and Custer, Fremont, and Otero counties. This funding stream targeted increased patient support, referral coordination with jails, and retention in treatment through the RRN.

There is a need to coordinate referral to treatment from county jail facilities to the RRN case management and care coordination (CMCC) unit. The current relationships are informal and contingent on outreach from the correctional staff. While is it believed that coordination to treatment varies widely between jail facilities, the

partnership requested comprehensive data and insight to further develop the systems and protocols to make care coordination work effectively.

To gain a full understanding of the MAT service provision in criminal justice facilities, the partnership contracted with The Schreiber Research Group (TSRG) to conduct outreach to all jails in the RRN service area to identify needs and current levels of MAT service provision. The report contained herein was intended to provide insight into the unmet MAT needs found within jail facilities and guide the development of referral relationships over the course of the performance period.

While that was the original intent of the project, the investigation uncovered three important factors that impact service provision. These factors are:

1. **Americans with Disabilities Act**
2. **Jail Based Behavioral Services (JBBS)**
3. **HB-22-1326: Fentanyl Accountability & Prevention** (the fentanyl bill)

While this report provides a detailed summary of the policies, available services, coordination efforts taking place within the jail facilities, the nature, and implications of the three factors will also be addressed within the body of the report.

This report will describe themes surrounding the barriers and facilitators that the county jails are facing to expand their MAT and other substance use-related services. In turn, identifying these barriers and facilitators will assist in understanding the challenges and opportunities county jails face in adhering to the fentanyl bill mandate to offer all three FDA-approved forms of MAT, if requested by people who are incarcerated or involved in the criminal justice system. Tools to help decision makers (workflow diagrams, service availability maps, and policy recommendations) are also provided. The goal is for this report to serve as a reference document. It provides the RRN partnership, county jail administrators, JBBS, legislators, and other community partners with comprehensive data to inform development in this area as they prepare for the July 1, 2023, mandate deadline.

METHODS

Sample

VWHS initially requested that TSRG conduct a study of all nine counties in the RRN but the sample was purposively narrowed to the seven counties that had operational jails (Alamosa, Conejos, Costilla, Custer, Fremont, Otero, Rio Grande) during the study period. The geographic service area that this report focused on includes the San Luis Valley (Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache counties) and portions of the Arkansas Valley (Custer, Fremont, and Otero counties). A full map of the service area is available in Appendix 1.

Data and Study Procedures

Publicly Available Data

The study team investigated the publicly available data pertaining to incarceration rates, incarcerated people with substance abuse, incarceration rates by race/ethnicity, Colorado racial and ethnic disparities in jails, county-specific arrest rates for drug-related offenses, Colorado overdose death rates, Colorado non-fatal overdose rates, and county-level demographics of the RRN counties. Data from the Colorado Department of Public Health and Environment (CDPHE) data dashboard, the US Census, the Prison Policy Initiative, and Colorado Crime Statistics database were reviewed and included in the appendix for reference (see Appendices 9 - 17). When possible, county-specific data were included. All of these data provided a broad contextual understanding of the inmate population, and the scope of the challenge law enforcement and jail administrators are facing.

Survey of Jail Administrators

An electronic survey was developed by the research team. The survey questions were informed by a review of existing literature related to MAT in jails across the US and based on specific content that was requested by the RRN. Survey questions also addressed existing processes related to screening, scope of issue, and treatment of opioid use and other substance use identified in the incarcerated population at these jails.

The surveys were sent to the nine counties via Qualtrics (Provo, UT) along with a letter of consent. The survey questionnaire is found in Appendix 19. The survey was sent to jail administrators, sheriffs, or other identified key contacts. One respondent per county was asked to respond to the survey. Survey results helped to inform further discussion and interviews with the jail staff during in-person or virtual visits. Survey invitations were sent via e-mail approximately 1 week to 2 months prior to visiting each jail facility and were collected between May and September 2022.

Interviews with Jail Administrators and Staff

Six of the seven operational jails were visited by the researchers in person and the remaining jail was visited via a virtual platform. In-person visits to jails allowed the research team to visualize the physical layout of the facility and tour areas where medical care is provided, medications are stored, and identify other physical characteristics that may impact MAT service delivery. Interviews were completed with jail administrators, sheriffs, and/or nursing staff. Interviews were conducted using a semi-structured interview guide (Appendix 20). Questions about barriers and facilitators to providing opioid or substance use-related services were discussed during the interview. Each interview lasted a minimum of one hour and up to two hours. All interviews were audio recorded after consent was obtained and transcripts were created for each recorded interview. The recording of interviews allowed the research team

to upload the information into a qualitative online software tool, Dedoose Version 9.0.62 (Los Angeles, CA) that was used for thematic analysis. Themes were identified based on the frequency of which they were mentioned in interviews. All reported themes were heard in more than one interview, and some were heard in all interviews.

Interviews with Providers

TSRG conducted interviews with six provider organizations (VWHS, Southeast Health Group, providers from the five-county JBBS catchment area that included Otero County, Front Range Clinic, Crossroads' Turning Point, and the San Luis Valley (AHEC) from June to October 2022. Interviews were conducted ad-hoc based on the need for additional content after conducting in-person and virtual interviews with the criminal justice administrators. Questions about decision-making, workflows, funding challenges, partnerships with the jails, and staffing issues were discussed during the interviews. Each interview lasted a minimum of 30 minutes up to one hour and enabled us to create more accurate workflows and understand the logistical challenges and priorities for each organization.

Findings

Survey Results

There were eleven survey responses. Of these, three were incomplete, two noted they were not the right person to complete the survey, and one was from an area without a jail. Thus, five completed surveys were used in this report. Completed surveys represent Alamosa, Conejos, Costilla, Fremont, and Otero counties. Respondents included sheriffs, nurses, jail administrators, and staff.

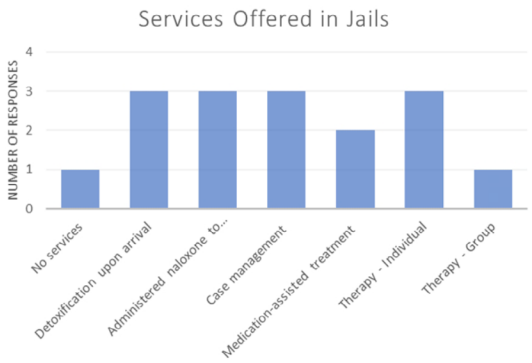
The survey respondent's number of years working in their current position ranged from six months to seven years. Jails in the nine-county region ranged in size from 25 to 240 beds (Appendix 10). Average capacity of the jails was much lower at each location than actual beds, except for Otero, which typically has more incarcerated people than available bed capacity. Historically, the overflow of inmates was sent to Bent County. As of October 2022, that is no longer possible, and an effort will need to be made to determine where the overflow can be managed. Average length of stay for incarcerated people was unknown for two of the five facilities but ranged from a few hours to 90 days for the other jails.

Only two of the five jails represented in the survey responses have dedicated health or mental health providers, both are the jails with over 150 beds. These jails had at least one nurse on staff and a medical director/physician that was available to support the jail on a limited basis via contractual agreements. The largest jail had four nurses and had a mental health counselor on staff. Two additional jails provided information for who they contract with for mental health services.

Survey questions also addressed existing processes related to screening, scope of issue, and treatment of opioid use and other substance use identified in the incarcerated population at these jails. Estimated percentages of incarcerated people that present with substance use or opioid use at the jails varied. Two respondents noted that approximately 26-50% of incarcerated people present with opioid or substance use, while other responses varied from 25% or less to 76-100% (25% or less=1; 26-50%=2; 51-75%=1; 76-100%=1). Screening for opioid or substance use is done most commonly upon booking (n = 4) and ongoing throughout incarceration (n = 2).

Respondents were also asked if the jail has dedicated funding to provide opioid or substance use related services to inmates. Three jails indicated that they have dedicated funding, one indicated they did not, and one did not respond to this question. Jail services varied across the facilities (Figure 1) but included detoxification support upon arrival to jail, administration of naloxone to inmates, MAT, individual and group therapy, and case management. One jail noted none of these services were available.

Figure 1: Services Available For Incarcerated People With Opioid Or Substance Use

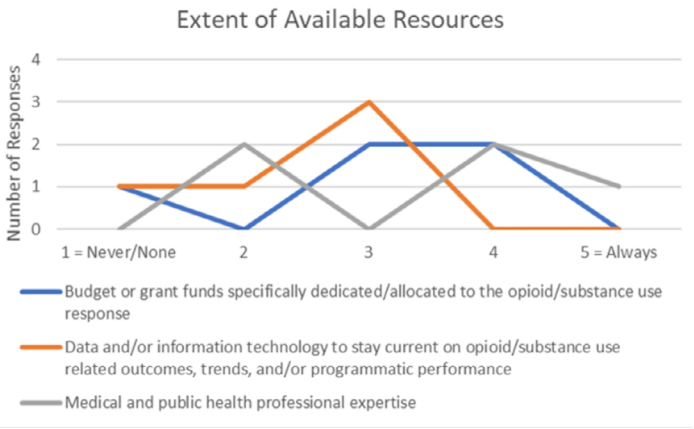


In an attempt to identify the scope of the problem and the ability and willingness to address the issue, four questions were asked on a 7-point Likert-type scale. What the data show is that facilities are aware of the problem and willing to address/prevent substance use by inmates. However, there was a wide-ranging perspective on how effective the policies/programs/initiatives were in addressing substance use in the facilities:

- Opioid/substance use is a problem at the facility
  - Min = 2, Max = 7, Mean = 5.2, Median = 5
- Staff are aware of the current opioid crisis
  - Min = 4, Max = 7, Mean = 5.6, Median = 5
- Willingness of staff to address/prevent substance use by inmates
  - Min = 5, Max = 7, Mean = 6, Median = 6
- Effectiveness of policies/programs/initiatives in addressing substance use at the facility
  - Min = 2, Max = 6, Mean = 4.6, Median = 5

The respondents were also asked to score the extent to which they have resources for the jail related to budget/funding, data, and medical/health professional expertise on a 5-point Likert scale, with 1 being "never/none" and 5 being "always" (Figure 2). Budget/funding specifically earmarked for opioid and substance use was only present in four of the five jails responding and ranged from a score of 3-4. Data and/or information technology to stay up to date on outcomes, trends or program performance ranged from 1-3 being never available for one jail and ranging from 2-3 for other jails. Finally, medical and public health expertise was scored from 2-5 with two jails responding a score of 2, two others a score of 4, and the final jail a score of 5 with those resources always being available.

Figure 2: Extent of Available Resources



Jails were also asked what types of opioid-related data they actively collect. These responses were limited as the jails do not regularly collect this type of data. Only one jail responded that they collect the following data: opioid-related hospitalizations or emergency room visits for those entering the facility or those already staying at your facility; opioid-related overdoses; and other drug-related offenses that occur within the facility. A second jail indicated that they only collect data on opioid- or other drug-related crimes for those entering your facility. The three other jails did not respond affirmatively for collecting any of these types of data.

Four jails reported they have an existing process for referral to substance use treatment for inmates upon release while two did not have an established process for this.

Finally, respondents were asked if anyone from their facility has engaged in collaborative actions relating to the opioid crisis prevention and the administration of MAT services, responses are found in Table 1. Respondents could select all collaborative actions that applied in this question. One jail responded that they have not engaged in any of these collaborative actions thus far.

Table 1: Collaborative Actions

Has anyone from your facility engaged in any of the following collaborative actions relating to the opioid crisis prevention and the administration of medication-assisted treatment services?

Collaborative Action	Affirmative Responses
Entered into an informal agreement with one or more organizations on opioid-related issues	2
Worked with other agencies in activities such as sharing data and information on opioid abuse/misuse, treatment, etc.	2
Joined a collaborative partnership with other governmental and non-governmental organizations to provide medication-assisted treatment for substance use screenings	2
Made organizational reforms (such as consolidating departments, creating new ad hoc committees, hiring additional staff, etc.) for addressing the opioid crisis	1
Your facility has not engaged in any collaborative actions in these areas	1

INTERVIEWS WITH JAIL ADMINISTRATORS

The facilitators and barriers identified through analysis of the transcripts are described here in this section via tables with key points and exemplary quotes that demonstrate the themes. There were fewer themes found related to facilitators than there were themes related to barriers. Facilitators included: collaboration with other partners; involvement in JBBS; having jail-based nurses; and having support for MAT in jails. Barriers to successfully providing opioid and substance use-related services in the jails included: physical space and size limitations of the jails; staffing issues and lack of qualified professionals; funding or limited budgets; stigma; recidivism; concern for diversion risk; distance to needed services; and lack of support for MAT or other services.

Related to jail capacity and population of each county, interviewees indicated large variation in budget, staffing, services available, and facility space. Many of these factors directly impact the jail's current capacity for MAT services. The capacity of the jail is tied directly to budget and staffing resources. The research team identified a spectrum of resources available within the seven jails currently functioning in these counties. The scope of services was dramatically increased within the largest two jails. The larger jails offer MAT services currently and have full-time nursing staff.

> "WE ABSOLUTELY SEE THE BENEFITS (OF MAT). WHEN STAFF ASSAULTS GO DOWN. WHEN INMATE ASSAULTS GO DOWN. IT'S MEASURABLE. (Interview 5)."

Themes from Interviews
Facilitators

Theme	Key Points	Quotes from Interviews
Support for MAT and Collaboration	·Medical Directors, contracted to provide services, prescribe medications, write standing orders, and provide guidance on health/ medical needs ·JBBS resources to assist with providing MAT, including funding ·Collaborative relationships with behavioral health providers ·Supportive sheriff that understands value of MAT and willing to allow it to be administered in jail ·Supportive jail administrators and jail staff	"Simply the fact that we realize that, whether it's a Vivitrol or Suboxone, [it] is not just giving up free drugs. It's gonna help my community. And that's my job is whatever it takes to benefit our community, reasonably. And that's what we're committed to doing"(Interview 5). "I think we have the support of the jail. We do. We certainly do. We have deputies and everybody looking out for those people that are addicted. And, you know, they bring it to our attention if someone needs we've had, you know, so we have that, at least the awareness, I think is increased. And they will of course, our medical director supports us" (Interview 4). "We absolutely see the benefits. When would staff assaults go down. When inmate assaults go down. It's measurable. And you have to tie it to something. It's not just because we're doing a great job managing them" (Interview 5).
Jail Nurses	·Presence of jail nurses helps facilitate health care provision in the jail ·Medication storage and management plans ·Standing orders and protocols implemented ·Real time coaching/support and anticipatory guidance provided by nurses ·Transition planning for inmates in place ·Training of jail staff to cover when nurse not available	"I can and that's, that's what's important about when you do build the rapport, and I can focus on one or two and, you know, follow up with them and offer this stuff. And as far as, like, when I check them in, I have that opportunity to, but also I can, you know, I kind of can feel them out know what position they're in this day. But it is an opportunity that provide for them the resources they need" (Interview 4).

Source: Interviews/surveys from March to October 2022, Heidi McNeely, Terri Schreiber

INCARCERATION RATES PER 100 THOUSAND POPULATION IN COUNTY JAILS

244 Colorado 2020

791 Alamosa 2020

146 Conejos 2020

146 Costilla 2020

388 Custer 2020

424 Fremont 2020

27 Otero 2020

191 Rio Grande 2020

58% Percent of the jail pop. held pretrial

Source: https://trends.vera.org/state/CO, accessed November 10, 2022

"COUNTY JAILS, ESPECIALLY IN THE SMALL RURAL COMMUNITIES ARE REALLY IN TROUBLE. AS FAR AS MANPOWER WISE, YOU KNOW, LOOK AT OUR POPULATION BACK THERE. I THINK I'VE BEEN HERE EIGHT YEARS. AND THE CAPTAIN SAID WE'VE BEEN THROUGH 150 EMPLOYEES IN EIGHT YEARS (INTERVIEW 4)."

> "THE AMERICAN SHERIFF IS THE NUMBER ONE PROVIDER OF MENTAL HEALTH SERVICES IN AMERICA (INTERVIEW 6)."

Barriers

Theme	Key Points	Quotes from Interviews
Physical Space and Jail Size	·Facility age ·Limited space for medical intervention or telehealth services ·No private space, most areas outside of cells are multipurpose if available at all ·No space for medication storage	"Because of the age of this particular facility, there's not a room for a medical person to see inmates medically" (Interview 6). "The problem with that is it's not necessarily a private setting. So to do any sort of treatment or anything like that would be problematic" (Interview 6). "It's the space, you know, if I had a media room where I could offer, you know, groups every day that the guys could participate in as far as you know, recovery, or men's groups or whatever, I have so many resources and so many other nonprofits that want to be part of our program and helping these guys and I just, I have no way to do that I can't fit. I can't fit three guys right now in a booking room around an iPad to participate in a recovery group" (Interview 7).
Distance to Needed Services	·Distance to emergency services and medical care ·Response time if needed at jail is often delayed for services initiation	"I've had a call where I've requested somebody from behavioral health to speak with me and they've come all the way from [another county], which is almost a two-hour drive" (Interview 3).
Lack of Professional Expertise in the Area	·Limited medical and behavioral health care providers in area ·Staff have to provide mental health services without formal training or expertise	"The shortage of medical providers is horrendous in this area. This part of the state hasn't had a psychiatrist in the area in at least 12 years" (Interview 6). "The American Sheriff is the number one provider of mental health services in America" (Interview 6).
Staffing Issues and Training within the Jails	·Training needed for what is being expected of jail staff ·Medication administration ·Assessment/Screening ·Mental health first aid ·Lack of adequate jail staff ·Staff get pulled to be with inmates on medical visits, get pulled from patrol to cover in jail ·Turnover ·Hard to keep jail staff in place, understaffed ·Safety is an issue due to inexperience and low numbers of staff	"..we really, we need some kind of some kind of a support base here or something for the assignments that are coming in with issues somehow to administer these medications. A nurse, we, you know, this county needs or this jail, we should have..."(Interview 3). "The first thing I think we would need is we have to have, you know, personnel that's trained our detention, we need to be trained in it. I think most importantly, we have to need the personnel that's trained" (Interview 3). "we're sometimes we're strapped with guys, sometimes. He might be the sometimes it might just be me and him or him and the Undersheriff or sometimes just him or one of the other guys managing the personnel sitting in the county managing the whole county from patrol" (Interview 3). "There are instances where people can have side effects, especially during night-time. We only got two people on staff sometimes working during the night at the jail, so to take him to the ER it's just it's just kind of a challenge challenging because everybody well, you know, it's jail. They must have no staff right now. And any place you will go as far as jail corrections solely to get out of that house, those inmates will tell you, we are short staffed and it's hard to find people to come in and work for us" (Interview 1). "County jails, especially in the small rural communities are really in trouble. As far as manpower wise, you know, look at our population back there. I think I've been here eight years. And the captain said we've been through 150 employees in eight years" (Interview 4). "We are extremely understaffed right now. We should be I believe at eight deputies. And we currently have three daytime into nighttime. Okay, so yeah, we're really, really stretched thin at the moment" (Interview 7). "Double edged sword, I have a ton of young staff, zero experience. So they are more acceptable of change. The flip side is they don't know how to deal with inmates yet" (Interview 5).

Source: Interviews/surveys from March to October 2022, Heidi McNeely, Terri Schreiber

Barriers

Theme	Key Points	Quotes from Interview
Funding/Budget Issues	·Lack of support to fund necessary programs or improvements in services at jails from the community/taxpayers ·No insurance coverage when incarcerated to cover cost of medications ·Medicaid coverage stops when incarcerated ·Jail must cover expenses	"We don't want to spend the money on that. But what they fail to realize is we are getting bigger, the world is not getting safer. You know, these are necessities for our community. And they aren't here everyday, they don't see that. So whether we continue to have a jail or we have to shut down our jail and farm, you know, these inmates to another facility or whatever, it's still very much a need and its own, the need is only getting bigger. And that's the really frustrating part is that our needs continue to grow every day. And we don't have the money. We don't have the space. It's super frustrating" (Interview 7). "State statute law states we cannot use Medicaid while incarcerated. Yeah, Right. So, so we cannot use it. So that bars us from giving the Vivitrol while they're here because we can't afford it for $1,200"(Interview 2). "Honestly, I think the jail is paying for a lot of it. JBBS will cover inmates if they qualify for the program. sometimes the jail has to eat the cost. Other times, that's what the JBBS program is for" (Interview 4).
Diversion Risk	·Concern about diversion risk ·Find medications in jail even when not approved ·Inmates are sneaky and will use many different things to "abuse", i.e., snorting coffee grounds	"Diversions huge. We know it happens, we know an inmate because they're finding little stockpiles on shakedowns. So, we try to we remind staff of the protocol. It's kind of crazy!" (Interview 5). "Our problem is sometimes you have to watch them because they'll lip it or something, and they start sharing them in the unit with other people. And then even you know, they're pretty good at it. If we always make them take a drink of water, after they take their pill, open their mouth, lift their tongue, look in their mouth to make sure they're not hiding it. But we've got them. They're pretty sneaky while they're drinking the water, they'll spit the pill back in there, and drink all the water, leave the pill on the bottom and go over and hide it or dry it. So, that they can save three or four, and take all them at once to get a high while they're in there, and stuff. So, we have to be really careful" (Interview 1).
Lack of Support for MAT	·No acceptance of the scope of the issue of substance use in jails ·Decision makers often don't under stand full scope of needs because they aren't dealing with them every day like the jail staff ·General misunderstanding of MAT ·Feeling like MAT is just replacing one drug for another ·Stigma about substance/drug use ·Perception that this population cannot successfully be in recovery ·Questionable intentions of inmates	"It's just a denial all the way around here. If you're not in this like business, and you're ever everybody else, it seems like there's so much denial like it's not a problem here like a lack of education. And they don't they don't think there's a problem" (Interview 6). "We do have to work with the commissioners, and they don't always, you know, they, like I said, they aren't here every day. Like we are where we see these needs. It's kind of out of sight out of mind" (Interview 7). "I have yet to see really any efficacy in any of it for this population. For this population, the criminal population, I'm not talking about anybody else but those that are filling in the criminal realm, you know, for me to start suboxone here to institute it, bring it and start it. I feel like that is something that should not necessarily be done when they're in. They're in a predicament right in here, well, they have to, they have to be clean, they have to be this they have to be that then the moment that they get out, they don't have to be no more so then they don't" (Interview 2). "People say a lot of things while they're in jail, and then when they get out in the real world, something different, very much different happens on so that part is the challenge is really helping people to follow through" (Interview ??).
Recidivism and Lack of Transition to Services Upon Release	·Attempts to plan for transition often fall through or are not successful due to barriers like delays in Medic aid restarting ·Same inmates are seen repetitively in the jails for same types of crimes/issues ·Services in jails not set up to manage substance use/opioid use disorders – meant to detain people for crimes	"The day they walk out, all the papers are done, we turn it in, but I think it takes a little bit of time. And unfortunately, that little bit of time can be the difference between somebody following through and somebody going out and reusing" (Interview 8). "This is my opinion, I think the totality of it is that they come in and come out, come in and come out and come in and come out. They'll reduce the sentence from felony to a misdemeanor. I mean, yes, it's good for them at some point. But I think what they're not seeing, and I think at one point, at some point, I think the system is failing these guys to bring them in detention in a detention facility for what, three months, and then they're out doing the same thing all over again, to whether they go to the DOC, and they omit them in these programs where, you know, maybe they can get an opportunity to go to school and get a job and be productive and get the medication they need to not go back into there. That revolving door they're in" (Interview 1).

Source: Interviews/surveys from March to October 2022, Heidi McNeely, Terri Schreiber

> "STATE STATUTE LAW STATES WE CANNOT USE MEDICAID WHILE INCARCERATED. YEAH, RIGHT. SO, SO WE CANNOT USE IT. SO THAT BARS US FROM GIVING THE VIVITROL WHILE THEY'RE HERE BECAUSE WE CAN'T AFFORD IT FOR $1,200 (INTERVIEW 2)."

ADDITIONAL FACTORS THAT COULD IMPACT MAT SERVICE PROVISION

The original project scope was to conduct outreach to all jails and jurisdictions in the service area to identify needs and current levels of service provision. Once interviews began, the researchers started to learn about three key factors that had impacts upon how service provision is delivered long-term: the Americans with Disabilities Act, HB22-1326, and the Jail-based Behavioral Health Services program. A description of each and how they impact service provision is described.

Americans with Disabilities Act (ADA)

There are legal guidelines governing how inmates with an SUD or OUD are treated while incarcerated. SUD and OUD are considered disabilities under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act of 1990, and Section 1557 of the Affordable Care Act, when drug addiction substantially limits a major life activity.[18, 19] The State of Colorado and the local jails acting under the auspices of the State are not "immune under the eleventh amendment to the Constitution of the United States from an action in Federal or State court of competent jurisdiction for a violation of the ADA."[1] The law requires that "an individual shall not be denied health services, or services provided in connection with drug rehabilitation, on the basis of the current illegal use of drugs if the individual is otherwise entitled to such services."[1]

During the course of our investigation, it was stated that some of the jails are "one person away from a federal lawsuit" situation because of the failure to treat inmates with an OUD as disabled and provide the requisite MAT service provision.[20] This was identified most commonly in the jails where they are not currently allowing incarcerated people who come in on MAT to continue their treatment during incarceration, a potential violation of the ADA.[21]

Jail Based Behavioral Health Services

JBBS program is administered through the Behavioral Health Administration. It is funded through the Correctional Treatment Cash Fund pursuant to C.R.S.18-19-103 (5)(c)(V). The goal of the JBBS program is to provide behavioral health services to incarcerated individuals and continue their care post-release.[22]

There are 55 county jails in Colorado and 47 participate in JBBS programming. Among the counties in the RRN MAT Expansion project, five of nine participate in JBBS: Alamosa, Conejos, Custer, Fremont, and Otero counties. However, each county jail is administering the JBBS program in their own unique way. Some of the jails have funded positions to assist with JBBS administration. For example, Otero is part of a five-county catchment area (Baca, Bent, Crowley, Otero, and Prowers counties). They have a 0.2 FTE nurse who travels throughout the catchment area each week spending one day per week in Otero County. The other jails may use portions of nurse or staff time to administer JBBS, but these positions often have other responsibilities in addition to JBBS administration. Custer has a contracted partnership with Health Care Partners Foundation to coordinate service provision via telehealth.

With an annual budget of $19.8M million, the JBBS program supports more than 45 county jails offering mental health services, 35 offering substance use disorder services, and more than 30 providing medications to treat OUD.[22] Below are two testimonials from JBBS programs for clients within the RRN and five-county catchment area.[23]

- "Alamosa/Conejos counties: One client has made tremendous progress in many areas of his life. He has been able to gain consistent sobriety. He is currently employed with a construction company and lives in stable housing with his girlfriend and their children.
- Southeast (Baca, Bent, Crowley, Otero and Prowers counties): One client who completed the JBBS program now has a job at High Plains Community Health Center and sees a counselor there."[23]

The role of JBBS in providing MAT services was vital to our investigation. While the program was utilized in varying ways across the counties, there were noticeable differences in the counties that did not involve JBBS. In addition to the funding support, there was access to medical and transition personnel and protocols, training, shared resources, and awareness of the value of MAT in treating OUD. For a more detailed understanding of the JBBS program and service offerings, we have included excerpts from the FAQs in the appendix highlighting details that directly pertain to the RRN counties in Appendix 19.

HB-22-1326: Fentanyl Accountability and Prevention Legislative Mandate

In Colorado, more than 900 Coloradans died from a fentanyl overdose in 2021, up from five in 2000, and 540 in 2020, including four children under the age 1, and 35 people between the ages of 10 and 18.[12,24] The lethality of fentanyl is due to the potency of the substance and the rapidity of the overdose. Fentanyl can be 50 times stronger than heroin and 100 times stronger than morphine, and the overdose can occur within minutes or seconds by shutting down the respiratory system.[25] To address the harms created by synthetic opioids, the Colorado legislature passed HB-22-1326, which increased criminal penalties, mandated treatment for persons in the criminal justice system, and initiated referral to treatment upon release. The legislation included a fiscal note of $3 million to help county jails

meet the bill requirements.[24] The legislative mandate includes provisions that each Colorado county jail must provide by two specific dates.[2]

January 1, 2023

- Requires JBBS-funded jails to describe the provision of MAT and withdrawal management

July 1, 2023 (whether operated by a governmental entity or private contractor)

- Facilities must conduct a nonmedical evaluation upon entry for recent substance use
- Refer persons with substance use to a medical provider
- Provide MAT upon request or continue the MAT that was taken prior to entry into custody
- Provide other appropriate withdrawal management care to a person with an OUD through the duration of the person's incarceration
- Provide all three FDA-approved medications (BU, MU, NU)

The legislation became central to our investigation and introduces a set of challenges that county jails are facing. While OUD contributes to crime and an increased likelihood of incarceration[26], incarceration triggers withdrawal and increases risk for overdose post-release for those with an OUD.[27] Part of the challenge that facilities face is that inmates lose access to public health insurance while incarcerated undermining the capacity to pay for treatment while in-jail or until it resumes post-release.

Until the mandate, MAT service provision was guided by local decision making (e.g., sheriff's willingness, medical provider's capacity, political will, and funding). With the new legislation, service provision decision making is guided by the need to maximize access to resources (personnel and dollars), coordination between jail personnel and MAT service providers, and collaboration with government resources like JBBS. Colorado has taken bold steps to reduce the harm of fentanyl. It is unknown whether HB-22-1326 can reduce fentanyl overdose death rates, incarcerate suppliers, or adequately begin to provide treatment to those with OUD during their period of incarceration, but the wheels are in motion and the legislation provides for the allocation of funds to study the outcomes.

ADA, HB-22-1326, and JBBS were brought to our attention during interviews and therefore required further investigation. They have relevance to the work going forward and have been included in this report. The ADA and HB-22-1326 create guidelines for how county jails provide services to incarcerated individuals with OUD, who are going through withdrawal from substances, and/or who make requests for MAT. JBBS is the government program that can and does provide support to meet these guidelines. Still, the rural and frontier county jails will need additional support which is outlined in the remaining portions of the report.

DISCUSSION

During March through October 2022, the study team investigated current infrastructure for MAT service provision and other substance use related services in nine rural southern Colorado county jails. Surveys and interviews with jail staff and MAT providers informed these findings and recommendations to prepare county jails for the mandate included in HB-22-1326: Fentanyl Accountability and Prevention bill. This bill mandates all jails to offer all three FDA-approved MAT medications when requested by inmates throughout their incarceration.

There are significant variances across the jails related to capacity and facility size, which is often driven by budget and staffing constraints. These limitations impact the jail's ability to provide the mandated MAT medications. Seven county jails were visited by the researchers as part of this project. Of the seven jails, only two are currently and actively providing at least one of the three approved MAT medications. Four additional jails are establishing plans to offer MAT medications. Whereas the one final jail was the smallest and least resourced, and though aware of the upcoming mandate, they will need significant resources and/or collaboration to be able to provide these services. Fortunately, many of the sheriffs and other key stakeholders are willing to move forward to increase available services.

There are several factors that impact the ability of jails to administer the MAT medications, including regulations surrounding the ability to prescribe, distribute/deliver and administer these medications; cost of medications; training and acceptance; and the feasibility of 24/7 service provision. Through interviews, the researchers learned that people are often incarcerated on hours or shifts where there are no available medical staff on site. This creates a delay in initiation of MAT services and may require non-medical personnel to manage withdrawal and detoxification.

Of the three types of MAT medications, the current provision in jails is limited to naltrexone and/or buprenorphine. These medications present their own unique challenges such as: cost, training for staff to administer, timing and planning, secure medication storage, and fear of diversion risk. However, methadone poses additional and likely greater challenges for access and administration. Restrictions around methadone may prohibit jails from being able to administer this medication by July 1, 2023, as required by the mandate. These restrictions involve distance to available services, a lack of licensed opioid treatment providers, and a lack of current mobile treatment options offering methadone in portions of this service area. Medication induction requirements/protocols limit the ability to successfully offer methadone in these county jail settings with the current resource limitations (i.e., lack of trained/approved medical staff, lack of space for adequate monitoring and administration, restrictions around DEA transfer and chain of custody). Of note, all jails currently have approved medication lists for their jails and MAT medications are often listed on these "restricted" lists. These basic day-to-day functions of the jails will have to shift in a short period of time to make MAT provision feasible for those jails not already offering at least some of these medications.

Facilitators

This project provided insight into existing facilitators and barriers to MAT service provision in rural county jails which can further inform stakeholders about the readiness for the upcoming

mandate. Facilitators, identified in the interviews, for jails being able to provide MAT services to inmates included collaboration with other partners like Jail Based Behavioral Health Services (JBBS), jail-based nurses to provide services and medications, and support for MAT in jails.

Collaboration included working with programs like JBBS that offer protocols, policies, shared staffing resources, expertise, training, and funding to make MAT service provision successful in jails. All jails that currently offer MAT had jail-based nurses on staff, though the research team observed significant differences in service availability and coordination when a nurse was present in the jail. In the absence of having a nurse or prescriber, there were no current MAT services offered in those jails. Support for MAT in jails came from having a sheriff who understands the value of MAT and allows it to be offered. It is also important to have supportive county commissioners who help provide funding needed to offer services and jail staff that help ensure procedures are followed for MAT administration in jails.

Barriers

Unfortunately, there are far more barriers than facilitators to MAT service provision in jails. However, with legislative support, proper funding, and shared knowledge and resources, many of these barriers can be overcome to provide the necessary services. Barriers identified in the project included and are summarized below: staffing issues and lack of qualified professionals, concern for diversion risk, physical space and size limitations of the jails, distance to needed services, funding or limited budgets, stigma, recidivism, and lack of support for MAT or other services.

STAFFING ISSUES AND LACK OF QUALIFIED PROFESSIONALS

The rural areas have a dearth of available professionals that provide needed behavioral health and substance use services, thus leaving much of this work up to the jail staff among all their other duties. Not only are those employed in jails being challenged by the complex needs of inmates, but retaining staff is a challenge. There is high turnover which leads to many inexperienced staff to manage MAT service provision. There are significant gaps in training and if MAT is to be successfully implemented in these jails, the staff will need support to obtain additional training and knowledge about these services.

CONCERN FOR DIVERSION RISK

Concern for the risk of diversion of MAT medications may be reduced if appropriate training is in place. Education that identifies MAT as an evidence-based treatment for OUD for jail personnel, administrators and sheriffs demonstrating the benefits of MAT and implementation of countermeasures to ensure medication is securely stored and administered could make a difference in alleviating diversion risk concerns.

PHYSICAL SPACE AND SIZE LIMITATIONS OF THE JAILS

The smaller jails often do not have space to store medications securely or have private space for medication administration. The physical proximity of administrator workspaces to inmate holding areas impedes clear segregation of activities including medication administration. There is often no dedicated and/or available space for appointments with treatment providers or detoxification that is separate from other inmates.

DISTANCE TO NEEDED SERVICES

Distance to services in these rural areas pose challenges to getting access to emergency services and in-person treatment and care. These distances can also lead to delay in treatment provision.

FUNDING OR LIMITED BUDGETS

Budgetary and financial constraints are impacted by the public's unwillingness to support increasing programs within the jails. Many of these jails have such small budgets to begin with and MAT expansion has not been identified as a top priority. An additional financial barrier is that inmates lose Medicaid coverage when incarcerated so none of the treatment or MAT is covered by that previous insurance. The cost then becomes the responsibility of the jail unless they have JBBS or other funding in place.

STIGMA, RECIDIVISM, AND LACK OF SUPPORT FOR MAT OR OTHER SERVICES

Stigma towards this population presents in a variety of ways, such as denial of the scope of the problem and the need to address substance use in jails. This is compounded by the tendency of incarcerated individuals to recidivate both crime and substance use. Finally, there are still preconceived notions about MAT being a replacement of one medication for another.

RECOMMENDATIONS

Treatment Gaps and Expansion Strategies

Each jail will need to identify personnel to prescribe, distribute, and administer medications to inmates during their incarceration. Ideally, each facility will have medical/nursing personnel on-staff or as part of a shared resource like the five-county JBBS catchment area in SE Colorado. This may require collaboration with other county jails, sharing of resources, utilizing telehealth services to secure a prescriber who is willing and able to provide services in the jail setting. Custer County is currently contracting with Health Care Partners Foundation, a Colorado-based nonprofit, that contracts with providers to deliver services via telehealth to inmates. Other counties may need to adopt similar partnerships to meet the mandated obligations. In addition, there needs to be recognition of the limitations of part-time or limited contract staff. Often, they are not available to assist with timely initiation of MAT in the jails resulting in potential delays in providing medications until qualified staff are available.

Front Range Clinic offers mobile buprenorphine and naltrexone, and it may be possible to expand their service area. Crossroads' Turning Points provides methadone in Pueblo and Lamar, and has no immediate plans to provide mobile services, but there are other methadone providers in Colorado who may. Otherwise, daily, or possibly less frequent, as time goes on, transportation services will need to be provided if an inmate requests methadone. It is important to recognize the burden is greater if a person is not currently receiving methadone. If they need to initiate treatment screening and induction, the jail staff will need to accommodate the requirements to set up a new patient, which may involve transport to and from the OTP locations.

Workflows have been developed identifying a potential future state for how MAT treatment, detoxification protocols, and transition

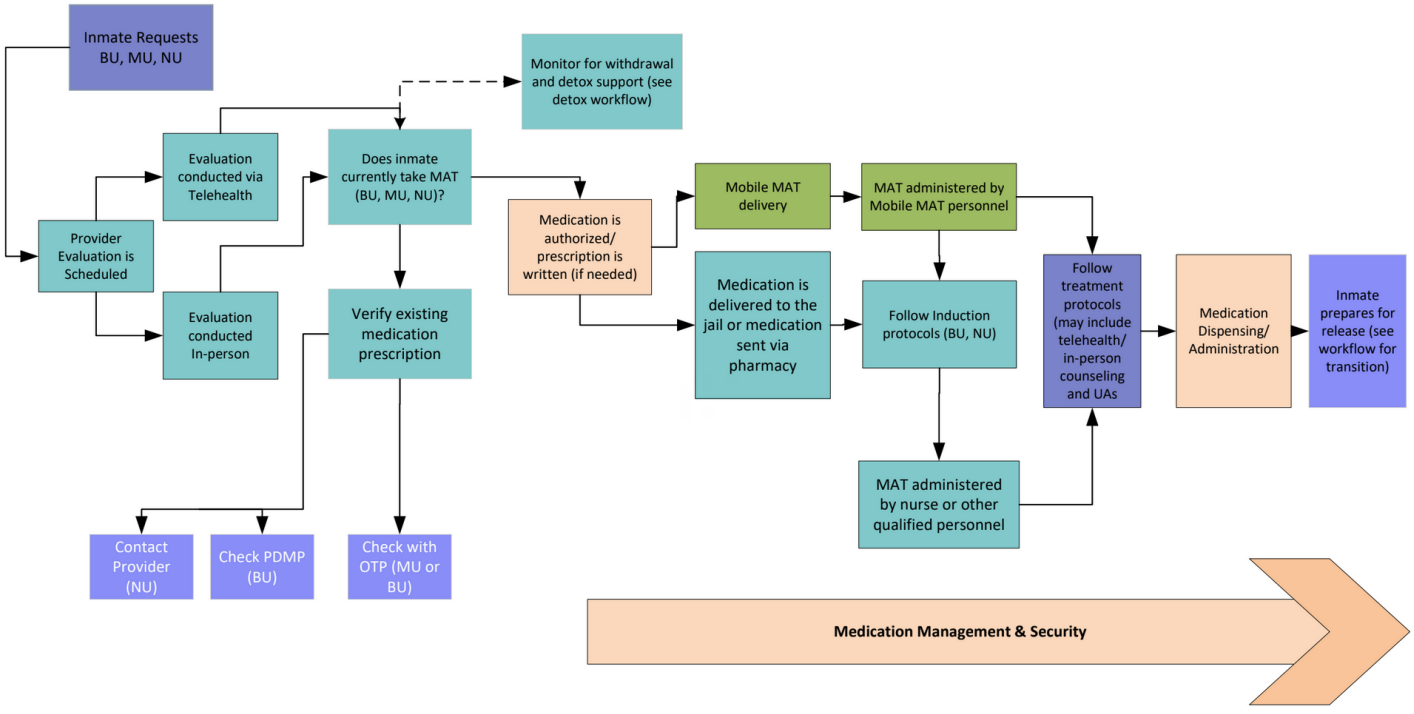
services for inmates receiving MAT should be managed by the county jail and transition personnel (see pages 15-16). They were designed with input from MAT providers in the RRN and reflect the most current and accurate information that was available during the investigative period. The project team included a workflow for the transition service role because it seems essential to ensure continuity of care post-release. Not all jails currently have an inmate-focused advocate, transition person, or case manager. Given the volume of inmates with an OUD and the new mandate, it seems essential that additional funding be allocated to ensure that someone can perform these duties. Given the risk of overdose death post-release due to resuming substance use at amounts being used prior to incarceration or greater, it is essential that inmates with OUD have the opportunity to connect with resources in timely manner.

An essential recommendation is for each facility to have refrigerated storage, locked medication cabinets, and space dedicated for detoxification/withdrawal management. This may be difficult to accomplish in the smaller jails but is a future ideal state.

JBBS programming is a beneficial resource that should be leveraged wherever possible. While some jails were concerned with the administrative burden of such a program, it seems like an important and necessary choice to meet the funding and resource deficits. Jails need to understand that funding exists, and their burden can be lessened. Further, as part of the program, the possibility of creating additional catchment areas and/or other shared resources (nurses) could be achievable and help reduce the overall burden of the new mandate. Hiring a JBBS coordinator to facilitate the administrative requirements of the program may be less of a burden than locating and hiring trained nurses or other medical personnel.

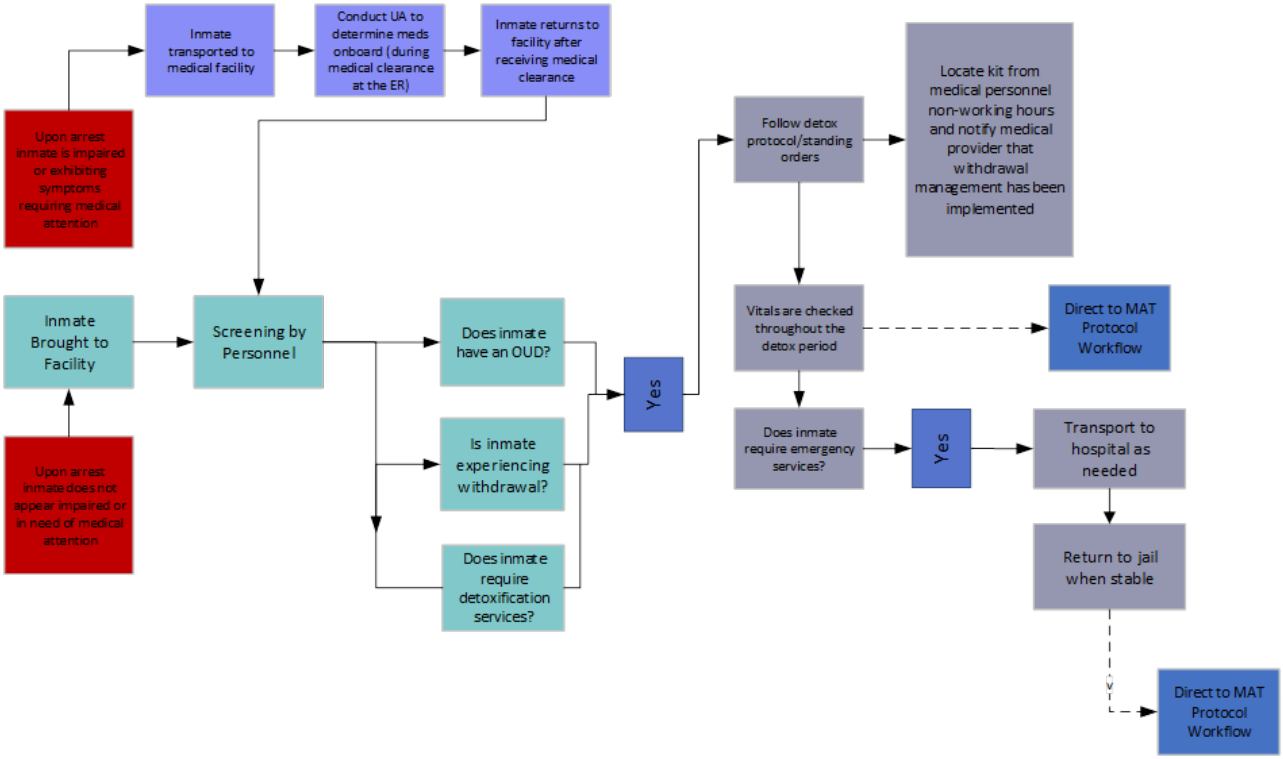
WORKFLOW DIAGRAMS

Workflow I: Process for Implementing Medication-Assisted Treatment



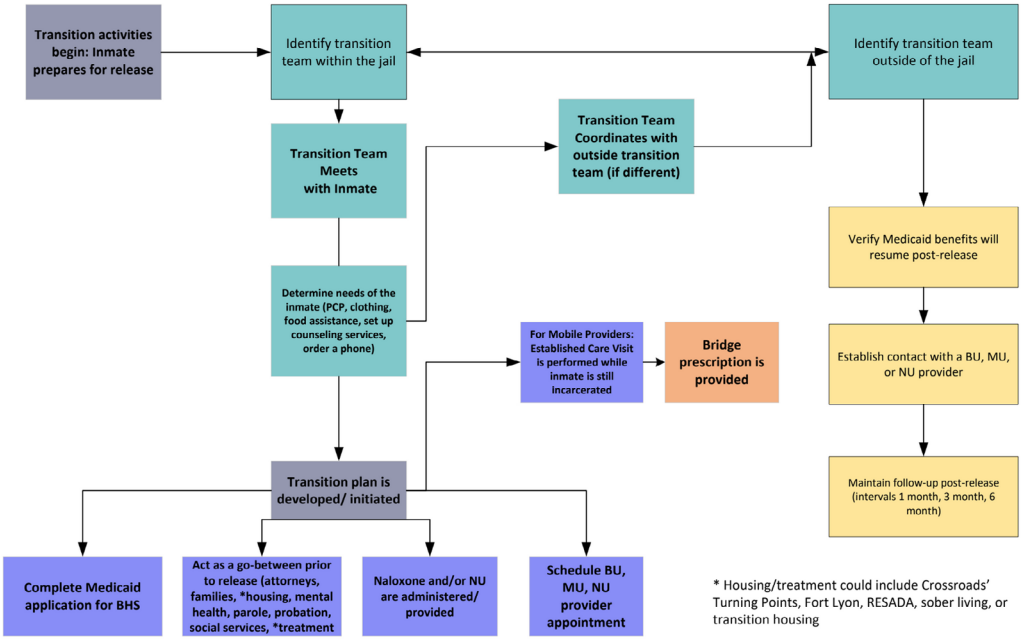
Source: Interviews/surveys from March to October 2022, Heidi McNeely, Terri Schreiber

Workflow II: Process for Detoxification for Incarcerated Individuals



Source: Interviews/surveys from March to October 2022, Heidi McNeely, Terri Schreiber

Workflow III: Process for Transitioning Inmate for Release



** See JBBS Discharge Planning Sheet

IMPLICATIONS

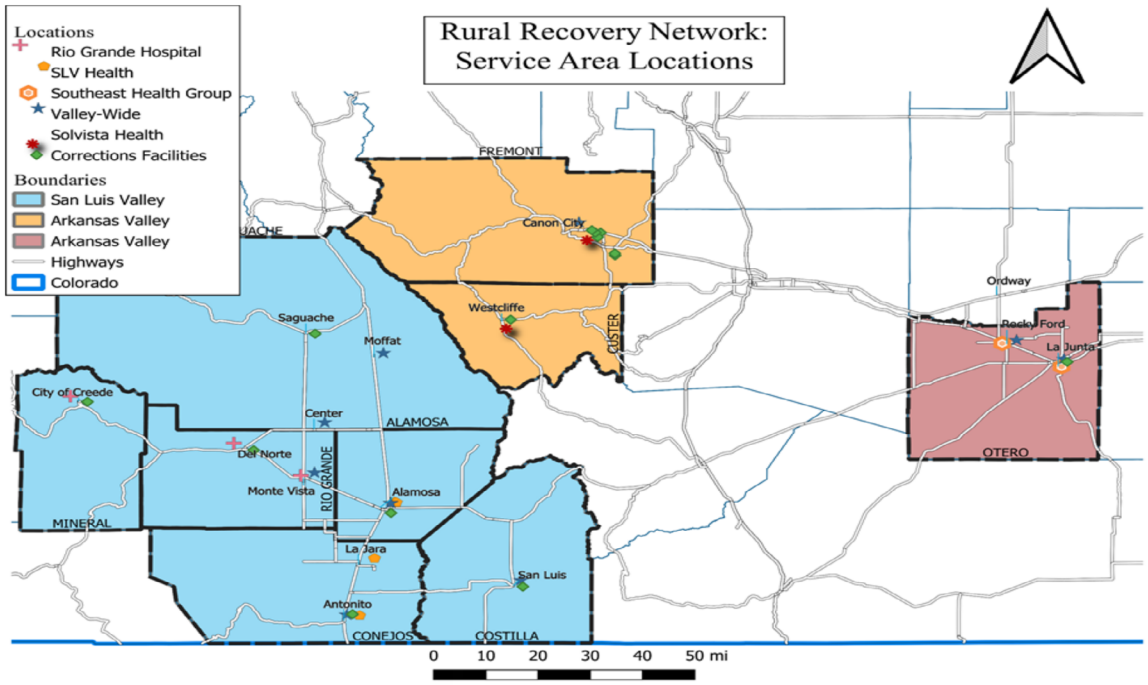
This report provides a detailed understanding of the facilitators and barriers facing county jails as they work to provide all three FDA-approved medications by July 1, 2023. The report can serve as a guidebook with practical details and workflow diagrams for a proposed future state of what MAT service provision could look like in county jails. While experts throughout the State of Colorado prepare for this deadline, it is our hope that the challenge can be lessened through collaboration, shared resources, and additional targeted funding. One of the biggest hurdles has been sheriffs having the political will and support to provide MAT in the jails. While the mandate removed this barrier, there is no evidence that additional funding alone can help the most remote rural areas overcome the lack of trained personnel or their inability to secure medical staff. This means that utilization of mobile treatment and telehealth options should be explored as well as other innovative ideas for how to meet the needs.

The remainder of the document includes background and supplemental content to support our findings. The content can help the reader more fully understand the context local county jails are facing regarding arrest rates, incarceration rates, the relative percentage of people with SUD/OUD, overdose death rates by county, demographic data and summary county-level data.

APPENDIX

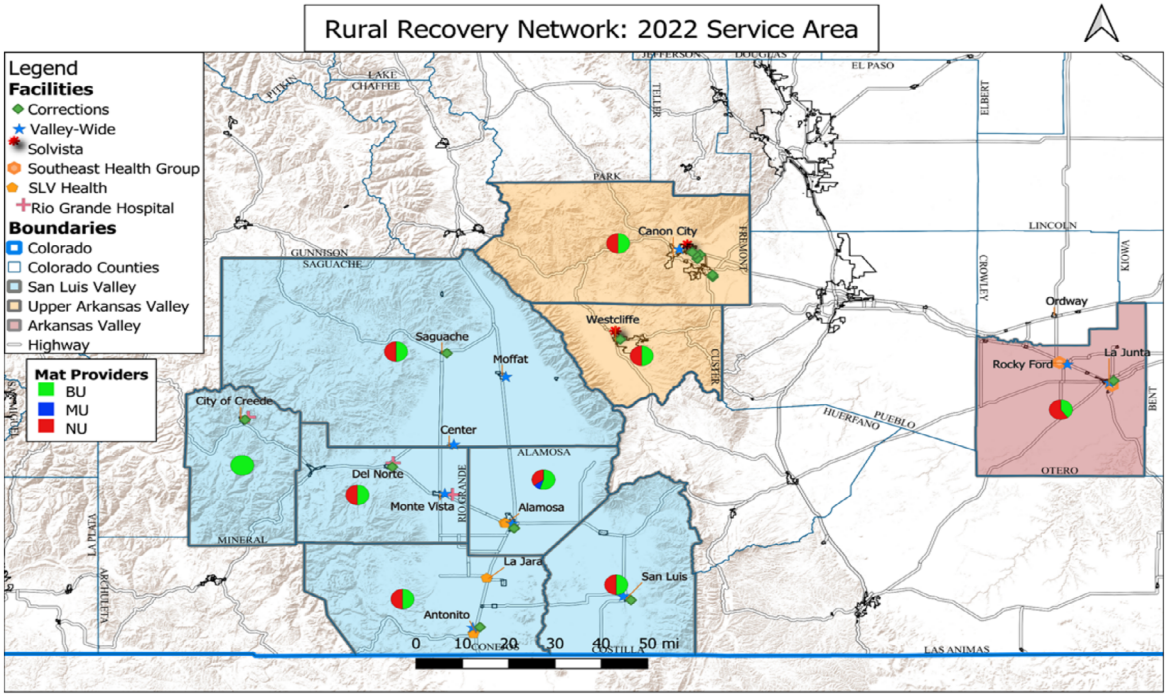
ID	Name	Description
Appendix1	Service Area Location Map	Nine-county service area with jails, provider locations
Appendix2	Service Area Location Map (BU, MU, NU)	Nine-county service area with jails, provider locations, and pie charts with BU, MU, NU
Appendix3	Summary of MU providers	Methadone Provider Agency times and distances to county jails
Appendix4	FDA Approved MOUDs	SAMHSA MAT for incarcerated individuals
Appendix5	National Governors Association Standards	MAT in jails standards
Appendix6	RRN Criminal Justice Facilities	County sheriffs, addresses, operational status
Appendix7	Provider Administrative Contacts	Agency name, service provision, contact name
Appendix8	Service Agency and Administrative Contacts	Agency name, service provision, contact name
Appendix9	Demographics of the Rural Recovery Network	Project service area demographic data
Appendix10	County Level Data	Includes publicly available, interview and JBBS data
Appendix11	County MAT and Overdose Data	Publicly available and from interviews
Appendix12	Chart - Serious Health Needs	Percent with SUD/serious health needs
Appendix13	Chart - Colorado Incarcerations and Where	Pie chart of Colorado residents locked up and where
Appendix14	Chart - Colorado People in Criminal Justice System	Pie chart of Colorado residents in criminal justice system
Appendix15	Chart - Colorado Incarceration Rates by Race/Ethnicity	2010 bar chart
Appendix16	Chart - Colorado Racial and Ethnic Disparities in Prisons and Jails	2010 line graph
Appendix17	Chart - Colorado Presentencing Rates	1978 - 2013 line graph
Appendix18	JBBS FAQ Excerpts	Complete list of JBBS FAQs, highlight RRN counties where appropriate
Appendix19	Survey Questionnaire (criminal justice administrators)	Qualtrics survey instrument
Appendix20	Interview Guide	Criminal Justice Interview Guide
Appendix21	Study Invitation Letter	Consent letter
Appendix22	Criminal Activity Type (Drug-Involved) by County	Table of county-level criminal activity type
Appendix23	Colorado Criminal Activity Offense Type (Drug-Involved) by County	Table of county-level offense type
Appendix24	Community Partners & Experts	Complete list of partners who contributed to report

Appendix 1: Service Area Location Map



Source: Christian Shotts Valley-Wide Health Systems (October 2022)

Appendix 2: RRN Project Service Area Map with BU, MU, NU Provider Locations



Source: Christian Shotts Valley-Wide Health Systems and Terri Schreiber TSRG (October 2022)
*This map was created with the goal of informing county jails and RRN partners as to the location of BU, MU, and NU providers within the project service area. Special consideration was given to remote rural and frontier counties that do not have medical staff or the current ability to provide MAT. Through the course of this investigation, it was determined that JBBS support, telehealth, and mobile MAT could assist counties in fulfilling the mandate because of the distances.

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Appendix 3: Summary table of MU providers (distances)

County Jail to MU Provider Times and Distances	Minutes	Miles
Alamosa - Crossroads Turning Points, Inc. (Alamosa)	3	1.4
Conejos - Crossroads Turning Points, Inc. (Alamosa)	30	28.1
Rio Grande - Crossroads Turning Points, Inc. (Alamosa)	36	31.1
Fremont - Crossroads Turning Points, Inc. (Pueblo)	42	36.7
Costilla - Crossroads Turning Points, Inc. (Alamosa)	43	41
Saguache - Crossroads Turning Points, Inc. (Alamosa)	56	52.5
Otero - Crossroads Turning Points, Inc. (Lamar)	60	57.9
Custer - Crossroads Turning Points, Inc. (Pueblo)	66	56.2
Otero - Crossroads Turning Points, Inc. (Pueblo)	66	64.2
Mineral - Crossroads Turning Points, Inc. (Alamosa)	79	69

Source: TSRG mileage table using Google Maps (Mountain View, CA), 2022
*Please note that there are potential seasonal issues with the minute estimates. That is, during the winter season, the time estimates will exceed those indicated based on weather conditions

Appendix 4: FDA-Approved Medications for Opioid Use Disorder (MOUD)

FDA-Approved Medications for Opioid Use Disorder: SAMHSA. (2018). Treatment Improvement Protocol 63, Medications for Opioid Use Disorder, Part 3: Pharmacotherapy for Opioid Use Disorder (modified for table on October 3, 2022); https://www.vitalstrategies.org/wp-content/uploads/2020/01/Medication-Assisted-Treatment-for-Opioid-Use-Disorder-in-Jails-and-Prisons.pdf. Accessed October 3, 2022.

Medication	Frequency of Administration	Route of Administration	Who May Prescribe or Dispense	Challenges with Chain of Custody in Rual Jail Setting
Methadone	Daily	Orally as a liquid concentrate, tablet or oral solution of diskette or powder	SAMHSA-certified opioid treatment programs (OTP) dispense methadone for daily administration either on-site or, for stable patients, for taking at home	Cannot be dispensed without a DEA license and cannot be distributed without DEA 222 transfer between DEA licensees. Requires secure storage and accounting as a controlled substance CII.
Buprenorphine	Daily (also alternative dosing regimen)	Oral tablet or film dissolved under the tongue	Physicians, nurse practitioners and physician assistants with a federal waiver may prescribe and dispense. Prescribers must complete special training to qualify for the federal waiver to prescribe buprenorphine, but any pharmacy can fill the prescription. There are no special requirements for staff members who dispense buprenorphine under the supervision of a waivered physician.	Considerations around dispensing of this medication should involve limiting risk for diversion, maintaining counts and records of this CIII substance. Consider chain of custody log or other record keeping of this medication if dispensed to the "patient/inmate" but kept within the jail's custody/secure storage.
Buprenorphine implant (Probuphine)	Every six months	Subdermal		
Buprenorphine injection (Sublocade)	Monthly	Injection (for moderate to severe OUD)		
Buprenorphine and naloxone (Suboxone)	Daily (also alternative dosing regimen)	Sublingual film		
Naltrexone (injection)	Monthly	Intramuscular injection into the gluteal muscle by a physician or other health care professional	Any individual licensed to prescribe medicines (e.g., physician, physician assistant or nurse practitioner) may prescribe and/or order administration by qualified staff	Naltrexone can be treated as any non-controlled medication but should be stored in such a way to account for this high-cost medication and to avoid diversion.

Source: National Council for Behavioral Health Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons a Planning and Implementation Toolkit, Accessed October 3, 2022

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Appendix 5: National Governors Association Standards

Considerations	Included in Mandate?
Access to evidence-based medications is a priority. Medication alone can be effective, and experts note that medication should not be delayed in the absence of counseling or behavioral supports.	
Offering a choice among all forms of the U.S. Food and Drug Administration (FDA) approved medications for OUD treatment and providing behavioral health services and supports whenever possible represents the best practice for OUD treatment persons inside and outside correctional settings.	
Fully implementing evidence-based MOUD requires making multiple forms of medication available for shared decision-making between the physician and patient, and relies on thoughtful coordination among the justice system and health and behavioral health systems.	
Collaboration among the justice system and health, behavioral health and Medicaid systems at every touch point of the justice system ensures access and continuity of treatment. Existing frameworks may be leveraged, including opioid task forces and commissions.	
Needs, gaps and strengths assessments of policies and practices across agencies help state leaders identify a plan of action. Undertaking a justice system mapping exercises specific to OUD interventions across touch points, such as the sequential intercept model, can assist with these efforts.	
Treatment plans tailored to each individual prepare people and systems for continuity of treatment upon release. These plans include: determining health coverage whether Medicaid eligible, Social Security Disability eligible or private insurance; where the individual will be released for availability and coordination of treatment with community providers and services; risk and needs levels; and other individualized factors. Expanding Access to Medications for Opioid Use Disorder in Corrections and Community Settings	
Addressing possible barriers to success in supervision systems, such as revocation policies that penalize or fail to support participation in MOUD, can improve outcomes and reduce recidivism upon release. Co-locating necessary health, behavioral health and social services with community supervision may reduce barriers for accessing services. Treatment and supervision philosophies must be proactively aligned and clearly communicated to supervision teams and patients.	
Training on diversion of medications in corrections settings should be complemented with education and training aimed to reduce stigma and discrimination so that both are addressed equally.	
Strategic use, alignment and braiding of state and federal funds is key to ongoing stability and success of programs and initiatives. Medicaid should be fully leveraged where applicable to support continuity of care by establishing automated data exchanges to facilitate suspension and reinstatement of Medicaid benefits upon reentry. This can be accomplished by collaboratively developing policies with Medicaid leadership and managed care partners to support timely reinstatement of benefits and funding community-based services for individuals returning to the community.	
Develop a robust evaluation approach at the outset with clearly defined outcome metrics, data collection and analysis processes to inform implementation.	

Source: National Governors Association Standards for MAT in Jails, accessed September 15, 2022

YES NO

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Appendix 6: RRN Criminal Justice Facilities (County Jails)

County	Sheriff	Address	Operational Status
Alamosa	Robert Jackson	1315 17th St, Alamosa, CO 81101	Jail is fully operational 1.0 FTE nurse
Conejos	Garth Crowwther	14044 County Rd G.5, Antonito, CO 81120	Jail is fully operational Recently hired a .5 FTE nurse
Costilla	Daniel Sanche	103 Gasper St, San Luis, CO 81152	Jail is fully operational no FTE nursing staff
Custer	Robert Hill	702 Rosita Ave, Westcliffe, CO 81252	Jail is fully operational Outsourced MAT service provider (Health Care Partners Foundation) X-waivered provider based in New Mexico (Dr. Vigil)
Fremont	Allen Cooper	100 Justice Center Rd Cañon City, CO 81212	Jail is fully operational FTE nurse
Mineral	Fred Hosselkus	1201 N Main St, Creede, CO 81130	Jail is not operational
Otero	Shawn Mobley	222 E 2nd St, La Junta, CO 81050	Jail is fully operational Participates in a 5-county catchment area, JBBS funded .2 FTE nurse
Rio Grande	Anne Robinson	640 Cherry St, Del Norte, CO 81132	Jail is fully operational 1.0 FTE nurse
Saguache	Dan Warwick	530 5th Street, Saguache, CO 81149	Jail is not operational

Source: TSRG Sheriff locator table using Google Maps (Mountain View, CA), 2022
Source: TSRG interviews Heidi McNeely and Terri Schreiber, 2022

Appendix 7: RRN Provider Agencies and Administrators (organizations and their mission)

Agency Name	Service Provision	Contact Information
Crossroads' Turning Points	The sole methadone provider in the SLV, serving the region through its Alamosa clinic. Providing services since 1979, Crossroads' Turning Points, Inc. (CTP) is southern Colorado's largest evidence-based alcohol and substance use disorder treatment organization with services in twelve counties. CTP specializes in heroin and opioid addiction treatment with a full continuum of care including withdrawal management, and residential and outpatient service.	cramirez@crossroadstp.org; 2265 Lava Lane Alamosa, Colorado 81101 Chio Ramirez
Rio Grande Hospital	Rio Grande Hospital is a regional hospital systems in the San Luis Valley (SLV) that provides emergency, primary, and specialty care. The hospital does not provide MAT, but actively refers OUD patients to the program from their emergency departments.	310 County Road 14 Del Norte, CO 81132 Jennelleg@riograndehospital.net; gracesa@riograndehospital.net; Jenelle Gallegos Grace Sandoval
Solvista Health	Solvista Health is a primary care and addiction recovery services in Fremont County through a clinic located in Canon City.	701 S. 9th Street Canon City, CO 81212 Crystal Rider crystalr@solvistahealth.org; Tammy Moruzzi tammym@solvistahealth.org
Southeast Health Group (SE Health)	SE Health operates through locations in Rocky Ford and La Junta in Otero County and provides addiction behavioral health services (as of this publication (October 2022), SE Health is not providing MAT services or primary care.	711 Barnes Avenue La Junta, CO 80150 Paul Sedillo Psedillo@shgco.org; Nicole Avery NAvery@shgco.org;
San Luis Valley Health (SLVH)/San Luis Valley Regional Medical Center	SLVH is a regional hospital system in the San Luis Valley (SLV) that provides emergency, primary, and specialty care.San Luis Valley Health is a regional health provider serving the San Luis Valley, Colorado and beyond. They also have Conejos County Hospital serving the emergency and medical needs of individuals in Conejos and Costilla County. The hospital is also a Trauma Level III emergency department. For those patients in need of transfer to a higher level of specialty care.	106 Blanca Avenue, Alamosa, CO 81101 Lacrecia Smith Lacrecia.smith@slvrmc.org
Valley-Wide Health Systems	VWHS is a Federally Qualified Health Center (FQHC) with 14 primary care clinics located across 10 Southern Colorado counites.	Melissa Dominguez: DominguezM@valley-widehealth.org; Christian Shotts: shottsc@valley-widehealth.org Brandy Kinslow: kinslowb@valley-widehealth.org

Source: TSRG provider locator table using Google Search (Mountain View, CA), 2022

Appendix 8: RRN Service Agency and Administrative Contacts

Agency Name	Service Provision	Address
Arkansas Valley Resource Center	Provides support to victims of crime, partner to refer a patient for additional services in Otero County.	415 Colorado Avenue La Junta, CO 81050
The Center for Restorative Programs	Collaborative intensive case management agency that includes LEAD and other community programs designed to support individuals experiencing OUD and other substance use issues	716 Main Street Alamosa, CO 81101 Cary Deacon
Loaves and Fishes Ministries	A community case-management agency in Canon City refers and guides clients to treatment.	241 Justice Center Road Canon City, CO 81212
San Luis Valley AHEC (SLV AHEC)	SLV-AHEC operates the San Luis Valley Health Access and Risk Reduction Project (SHARRP) needle exchange program and holds weekly exchange events that serve as a reliable referral source for SLVMAT.	300 Ross Avenue Alamosa, CO 81050 Ruth Horn Anita Martinez

Source: TSRG service partner locator table using Google Search (Mountain View, CA), 2022

Appendix 9: Demographics of the Rural Recovery Network

Location	Population Estimates July 1, 2021 (V2021)	Population Per Sq. Mile (2020)	Personas Without Health Insurance under age 65 years %	Median Household Income (in 2020 dollars) 2016-2020	Per Capita Income in Past 12 Months (in 2020 dollars) 2016-2020	Persons in Poverty %	Land Area in Sq. Miles 2020
Colorado	5,812,069	55.7	9.3%	$75,231	$39,545	9.0%	103,637.06
Alamosa	16,547	22.7	13.1%	$41,121	$23,020	16.7%	722.65
Conejos	7,612	5.8	11.1%	$33,611	$20,139	17.6%	1,287.43
Costilla	3,625	2.9	15.3%	$34,732	$21,893	21.8%	1,227.59
Custer	5,045	6.4	12.9%	$60,361	$31,608	12.2%	738.63
Fremont	49,661	31.9	9.2%	$52,364	$24,703	15.2%	1,533.87
Mineral	924	1	11.0%	$53,571	$30,908	8.7%	875.76
Otero	18,594	14.8	11.4%	$43,075	$23,275	17.6%	1,261.95
Rio Grande	11,408	12.7	14.2%	$43,570	$27,300	13.3%	911.96
Saguache	6,471	2	18.1%	$45,231	$22,921	18.6%	3,168.57

Source: https://www.census.gov/quickfacts/fact/table/US/PST045221, Accessed September 15, 2022

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APPENDIX 10: COUNTY LEVEL DATA (PUBLICLY AVAILABLE AND INTERVIEW DATA)

	Alamosa	Conejos	Costilla	Custer	Freemont	Mineral	Otero	Rio Grande	Saguache
Population[1]	16547	7612	3625	5045	49661	924	18594	11408	6471
Pop. Sq. Mile[1]	22.7	5.8	2.9	6.4	31.9	1.0	14.8	12.7	2.0
Square Miles[1]	722.65	1287.43	1227.59	738.63	1533.87	875.76	1261.95	911.96	3168.57
Bed Space[2]	170	82	25	8	240	*	33 (36 per interview)	70	*
Catchment Area[2]									
Contracted Services[2]									
Inmate Advocate[2]									
JBBS[3]						***			***
Adequate Locked Med Storage[2]			**	**		*			*
Refrigerated Storage[2]						*	Need to Check		*
Nurse[2]	1.0 FTE	0.5 FTE		Contracted Services/ Telehealth	4.0 FTE	*	0.2 FTE	1.0 FTE	*
Transition Team[2]						*			*
JBBS Survey Responses[4]	Vivitrol and Naltrexone. If they are in the Methadone program the nurses from that program come into the jail to administer the methadone, otherwise we they do not offer that. Pregnant women are sent to the hospital to start suboxone and they jail continues it. Barriers: Access after-hours, weekends and holidays. Communication could be better between the organizations that provide these services.	Barriers: getting a physician and a nurse that can oversee the program. At this time staff is working on this problem and hope to have a solution soon.	Unknown: JBBS is not currently providing services in this jail	Methadone, Suboxone, Vivitrol, Buprenorphine, Naltrexone, Sublocade Barriers: Remote location. Local public health used to have a mobile MAT unit come up to Custer County, but this has stopped because of various transportation issues. Another big barrier will be cost. Currently, there is a very limited budget within JBBS to do MAT. Health Care Partners Foundation is currently working with Custer County to set up their MAT program.	Suboxone, Vivitrol, Buprenorphine, and Naltrexone Barriers: Requirements of storing and even having methadone in the facility being a struggle that this administration is concerned about tackling. Concerns over diversion with Suboxone now and worry that Methadone would be monumentally more of an issue to deter diversion. Sublocade is an expense issue as well as a lack of doctor preference issue.	Unknown: JBBS is not currently providing services in this jail	Vivitrol, Suboxone for pregnant females only Barriers: Inmates are housed in other locations (i.e. Bent, Washington, Etc.) and the local Sheriff may have a different policy or direction for treatment of their inmates, which makes consistency in treatment a challenge. Narcan is provided upon release / * Bent and Otero are part of the SE JBBS jail catchment area which consists of 5 jails. While the policies may differ slightly, the overall process of administering meds is the same.	Unknown: JBBS is not currently providing services in this jail.	Unknown: JBBS is not currently providing services in this jail.

1 https://www.census.gov/quickfacts/fact/table/US/PST045221
2 TSRG interviews/surveys from June to September 2022, Heidi McNeely, Terri Schreiber
3 https://drive.google.com/file/d/1IKiqLkZpFaRYI1jWknlng7UyxOXQ9fyf/view
4 Quotes from JBBS survey

YES NO

* Not Operational
** Needs Improvement
*** Not applicable

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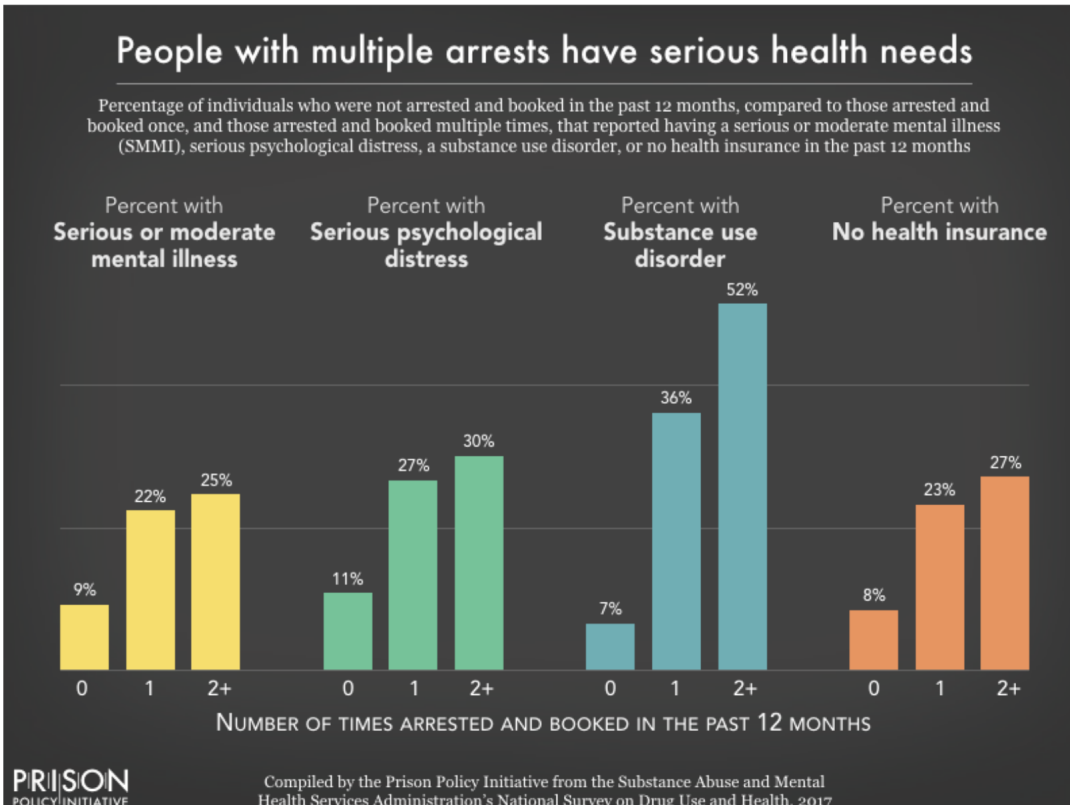
Appendix 11: County MAT and Overdose Data (Publicly available and from interviews)

	Colorado	Alamosa	Conejo	Costilla	Custer	Fremont	Mineral	Otero	Rio Grande	Saguache
MAT specific measures 2,3,4	Various around the State	Actively: NU BU (not routinely), MU (not routinely),	None	None	Planning for BU, MU, NU service provision	Actively: BU, NU	Not operational	Planning for BU, MU, NU service provision	NU	Not operational
Overdose Death (any drug)1	18.1	29.9	29.8	19.8	NA	25.4	NA	28.4	43.5	25.8
Overdose Death 2015 – 2020 (any opioid)1	10.5	18.6	29.8	*	NA	10.6	NA	16.1	25.5	17.5

1. Source: Workbook: Drug Overdose Dashboard. Accessed September 20, 2022. https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/DrugOverdoseDashboard/LandingPage?iframeSizedToWindow=true&%3Adisplay_count=n&%3AshowAppBanner=false&%3Aorigin=viz_share_link&%3AshowVizHome=n&%3AisGuestRedirectFromVizportal=y&%3Aembed=y
2. Source: TSRG interviews/surveys from June to September 2022, Heidi McNeely, Terri Schreiber
3. Source: Public information on MAT in Colorado – https://drive.google.com/file/d/1dpEiuuOBzfAj3NJcKR8vYTFvvSyuuY6m/view
4. Source: https://drive.google.com/file/d/1XWYsWL1Gq_AGeRb94fjKMiuaXUTeExkc/view

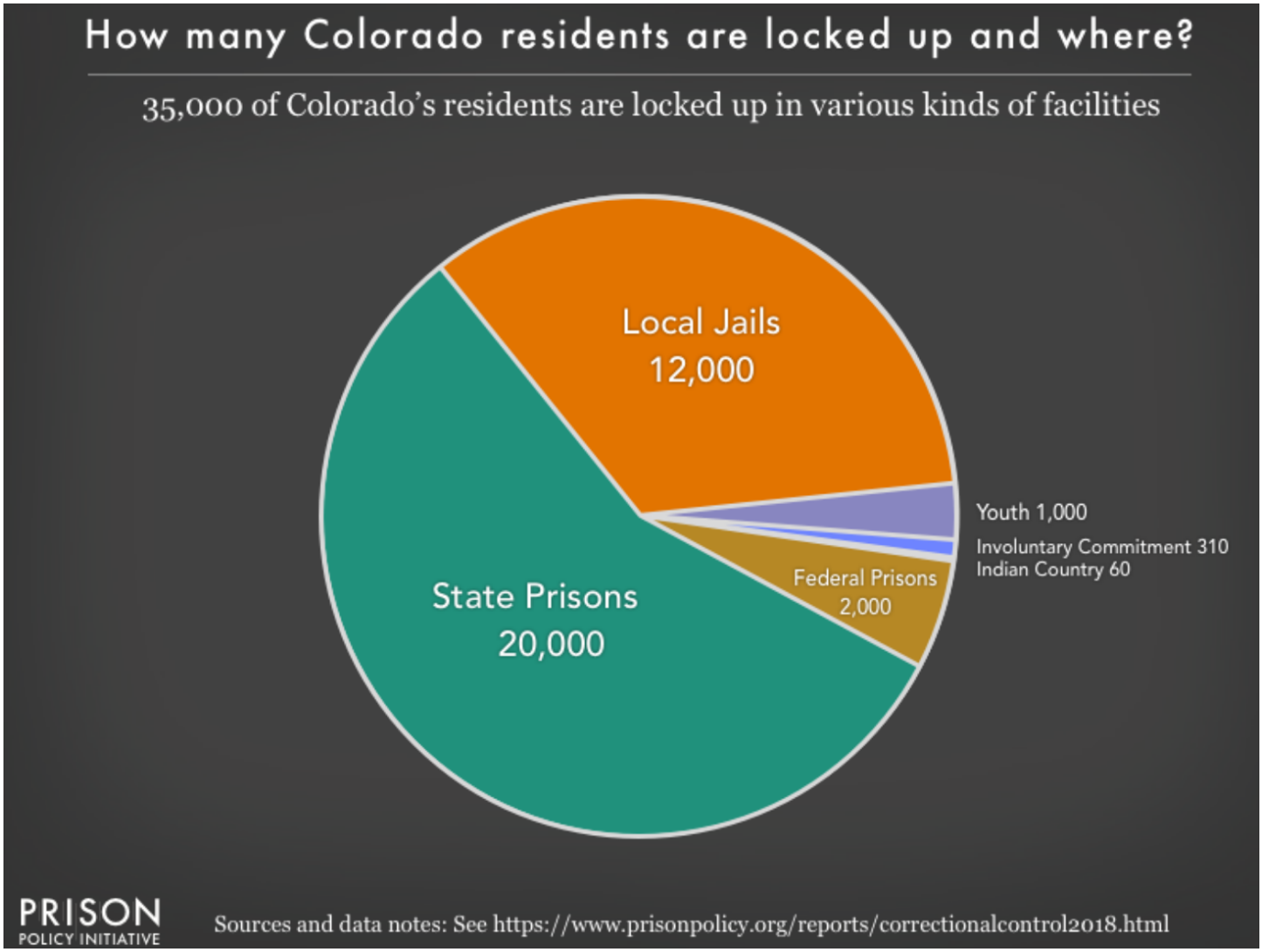
* indicates the data are suppressed by CDPHE

Appendix 12: Chart Serious Health Needs



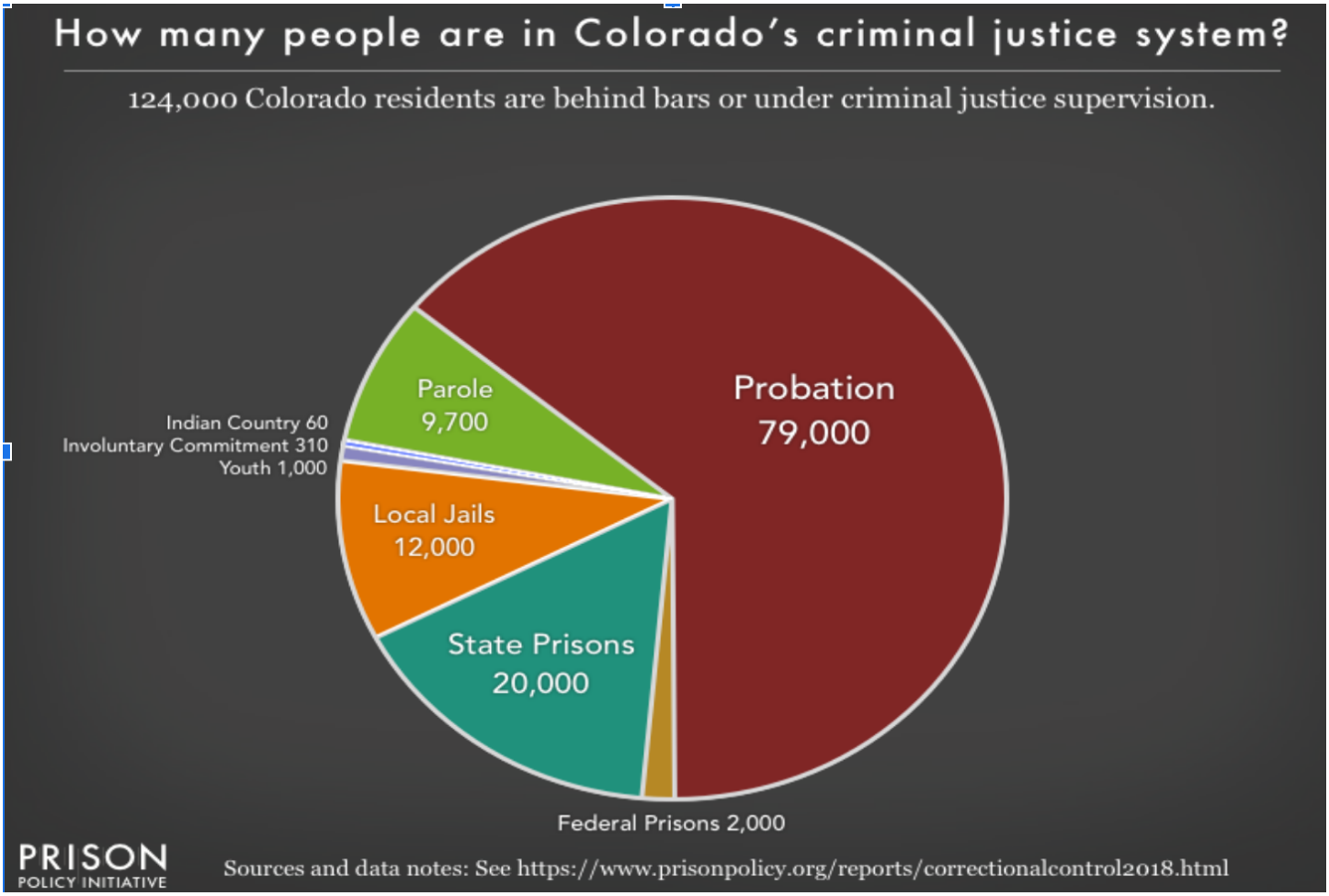
Source: Prison Policy Initiative, Accessed on October 3, 2022: https://www.prisonpolicy.org/reports/repeatarrests.html

Appendix 13: How Many People in Colorado are Incarcerated and Where?



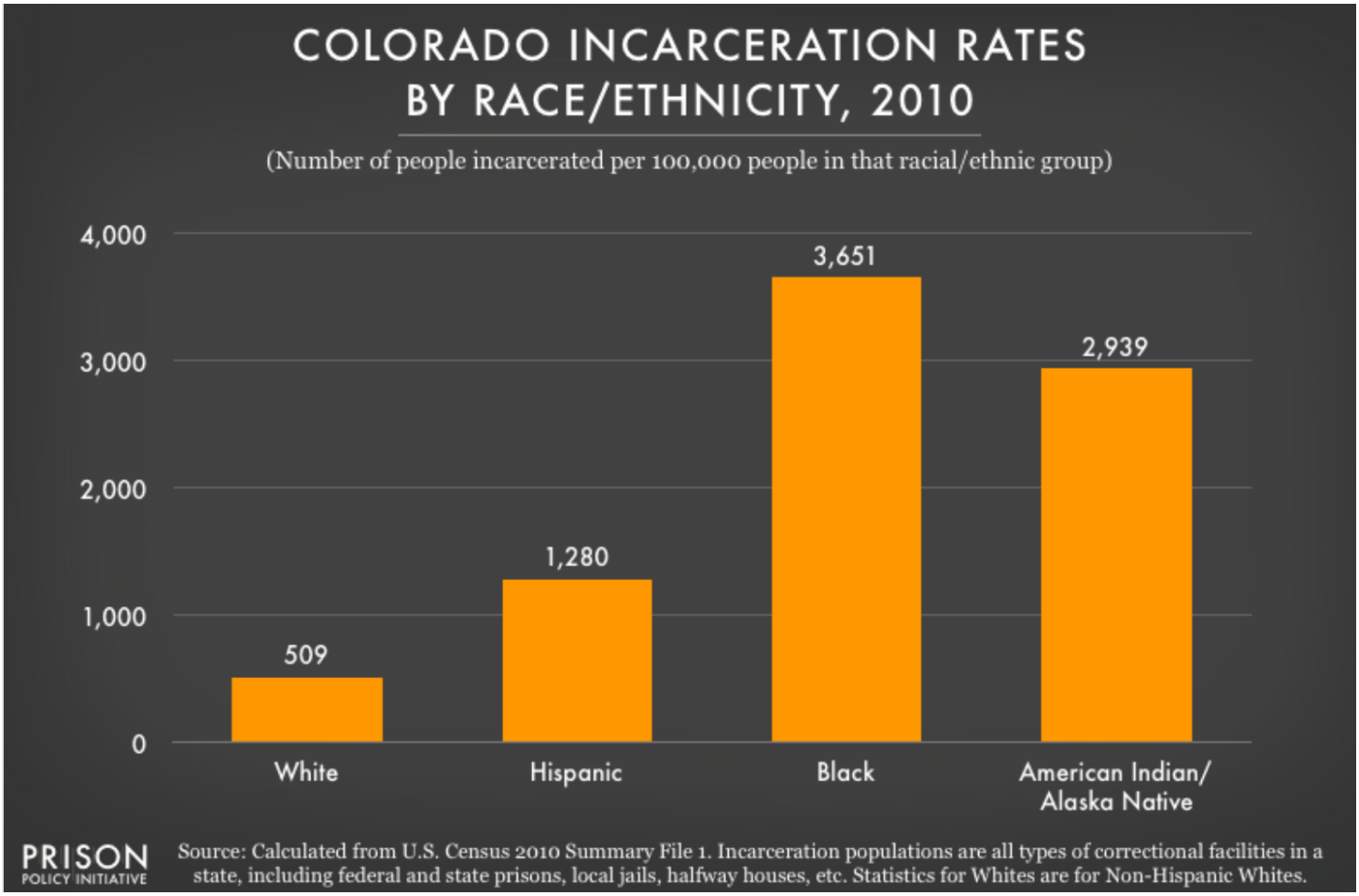
Source: Prison Policy Initiative, Accessed October 3, 2022: https://www.prisonpolicy.org/graphs/correctional_control2018/CO_incarceration_2018.html

Appendix 14: Colorado People in Criminal Justice System



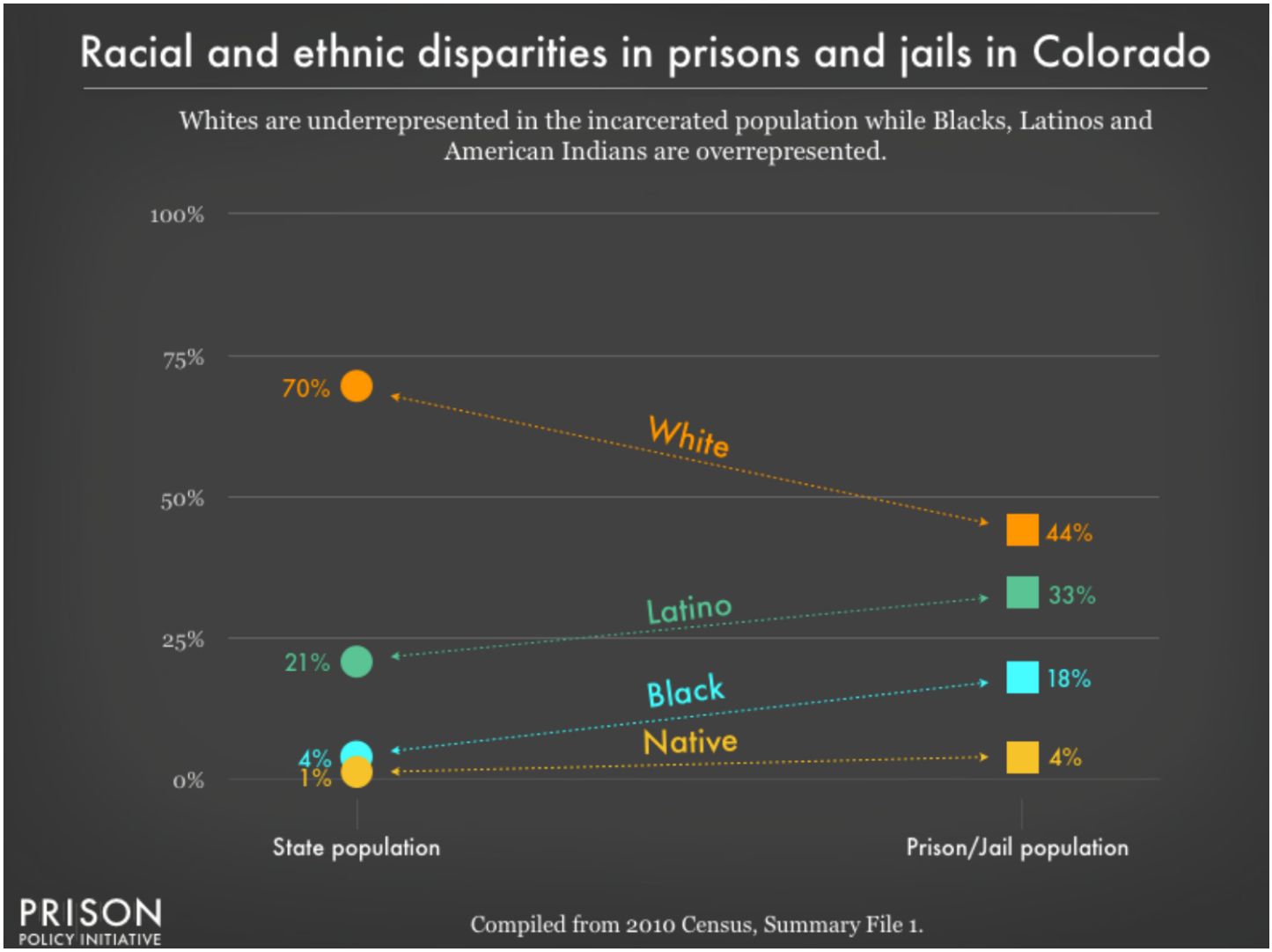
Source: Prison Policy Initiative, Accessed October 3, 2022: https://www.prisonpolicy.org/graphs/correctional_control2018/CO_correctional_control_2018.

Appendix 15: Colorado Incarceration Rates by Race/ethnicity



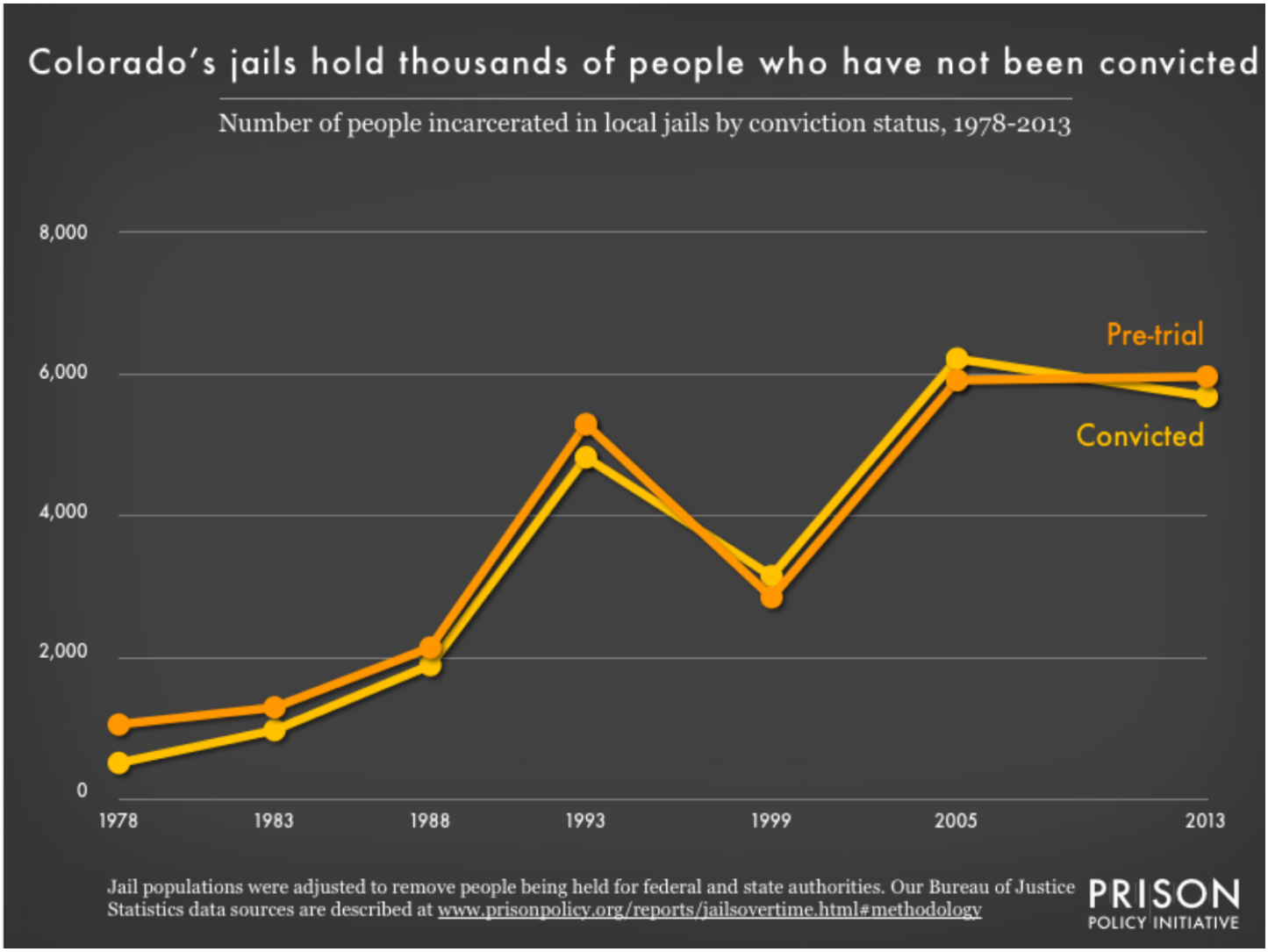
Source: Prison Policy Initiative, Accessed October 3, 2022: https://www.prisonpolicy.org/graphs/correctional_control2018/CO_correctional_control_2018.html

Appendix 16: Colorado Racial and Ethnic Disparities in Prisons and Jails



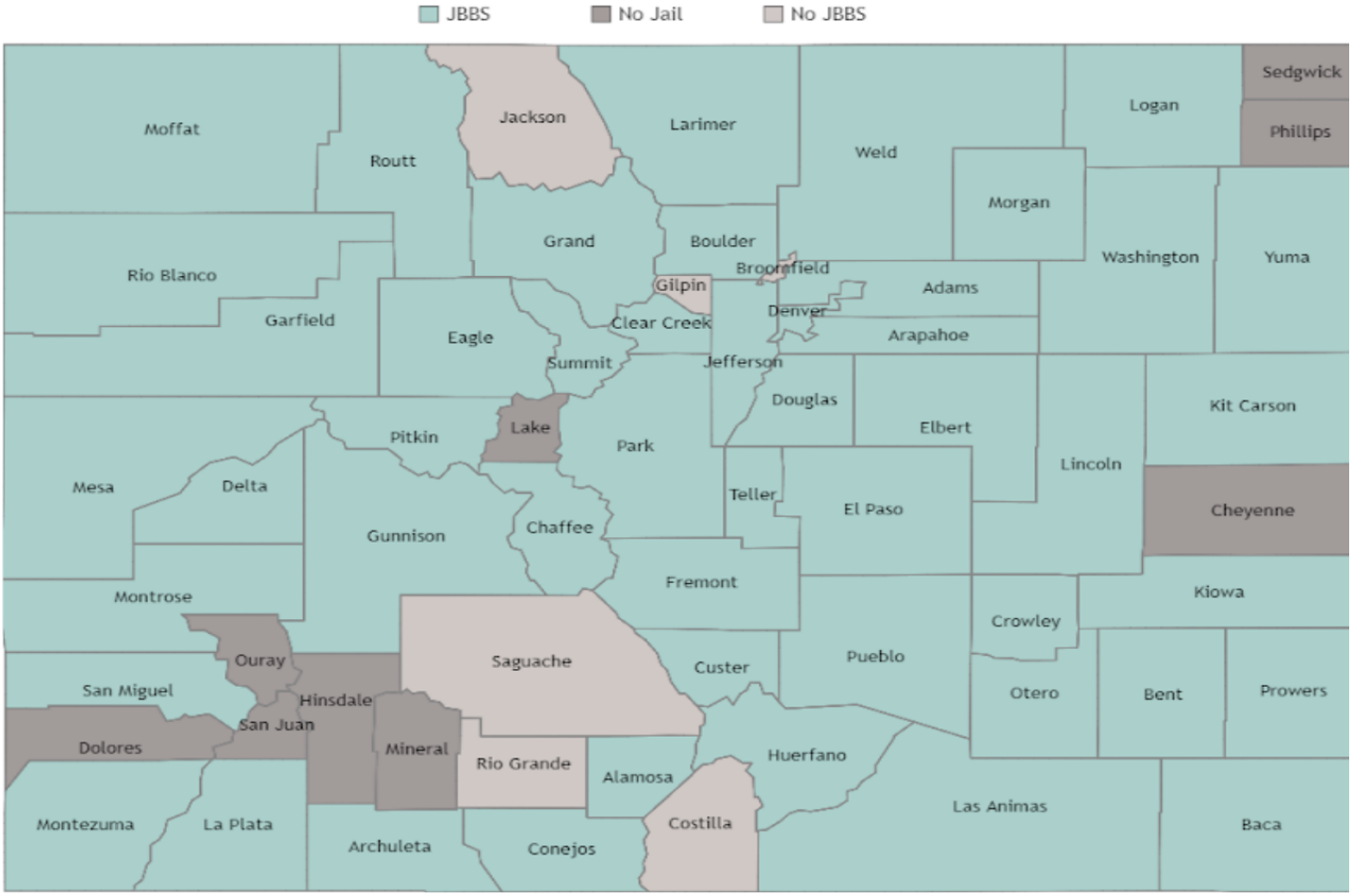
Source: Prison Policy Initiative, Accessed October 3, 2022: https://www.prisonpolicy.org/graphs/disparities2010/CO_racial_disparities_2010.html

Appendix 17: Colorado presentencing incarceration rates



Source: Prison Policy Initiative, Accessed October 3, 2022: https://www.prisonpolicy.org/profiles/CO.html

Appendix 18 (1): Map of JBBS Counties



Source: https://tableau.state.co.us/t/CDOBH_Ext_Dev/views/JBBSProgramMap/JBBSProgramMap?%3Adisplay_count=n&%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Aorigin=viz_share_link&%3AshowAppBanner=false&%3AshowVizHome=n

Appendix 18 (2): Excerpts from the JBBS FAQs

Question	Answer
Is JBBS a grant funded program?	No - JBBS funds come from state legislation. In 2011, the Correctional Treatment Cash Fund began funding JBBS pursuant to CRS 18-19-103 (5) (c) (V).
What Colorado Jails are participating in Jail Based Behavioral Health Services (JBBS)?	As of FY23, the following county jails have chosen to participate in the JBBS program: Adams, Alamosa, Arapahoe, Archuleta, Baca, Bent, Boulder, Chaffee, Clear Creek, Conejos, Crowley, Custer, Delta, Denver, Douglas, El Paso, Elbert, Fremont, Garfield, Grand, Gunnison, Huerfano, Jefferson, Kit Carson, La Plata, Larimer, Las Animas, Logan, Mesa, Moffat, Montezuma, Montrose, Morgan, Otero, Park, Pitkin, Prowers, Pueblo, Routt, San Miguel, Summit, Teller, Washington, Weld, & Yuma
Can jails use their funding for Medication Assisted Treatment (MAT)?	Yes - jails who receive funds for their JBBS program also have access to a shared pool of money they can use to purchase anything related to MAT, including medication, storage, licenses, salaries, etc...
What are the different program elements of JBBS?	JBBS offers funding for Substance Use Disorder (SUD) treatment, Mental Health Treatment, Competency Enhancement Services, Pre-sentence Coordination Services, and Medication Assisted Treatment (MAT)
What data is collected for JBBS and how is it used?	The data collected is entered into a database if the screening is positive for mental health, substance use disorder, or both. For those individuals that choose to participate in the JBBS program, including those who are pre-sentenced, treatment status follow-up is required after 1, 2, 6, and 12 months after discharge. Monitoring this data ensures that JBBS is meeting the expectations of an effective jail program while improving the lives of those in need and reducing recidivism.
What are the services that JBBS funds can cover?	JBBS can cover individual and group therapy, case management services, certain admin services for the jail related to delivering JBBS programming, Medications(i.e. psychotropic and MAT) Re- entry services such as emergency housing, vocational support, medication support post release, transportation help, help with inpatient treatment, etc.

Source: Jail-Based Behavioral Health Services, Accessed October 3, 2022: https://bha.colorado.gov/behavioral-health/jbbs

The Schreiber Research Group (TSRG) is a team of experts evaluating interventions and outcomes to fill knowledge gaps concerning public health policy and management.

Appendix 19: Default Question Block

Mediaction-Assisted Treatment (MAT) Survey for Criminal Justice Facilities

You are being asked to participate in data collection around the impacts of opioids and other substance use in your community and your criminal justice facility. These data will be used to create a final report to share with local stakeholders and state leaders about the current existence of medication-assisted treatment (MAT) services or the potential needs and barriers for MAT expansion in your facility in the future. In addition, information from this study may be shared further through publications or presentations at professional conferences.

You are being asked to participate in this research because of your role working in a criminal justice facility in one of the nine included counties.

If you agree to participate in this study by completing the following survey, you will not receive any compensation for your participation. This study is not designed to benefit you directly. However, the researchers hope that this study will provide information for possible future benefit to your facility, community, or the inmates/occupants of your facility in the future regarding MAT expansion.

You have a choice about being in this study. You do not have to be in this study if you do not want to be. You will be asked to complete the following survey which should take no more than 10-20 minutes to complete.

Possible discomforts or risks of this study should be minimal but may include being uncomfortable responding to the questions being asked. However, there may be risks the researchers have not thought of.

Every effort will be made to protect your privacy and confidentiality by removing your name from the survey responses and by not reporting your name in any final report or publication. This means only your facility will be identified but not you as an individual when the information is shared.

This research is being paid for by the Rural Recovery Network from funds directed by Colorado Senate Bill 21-137.

If you have questions, you can call Dr. Heidi McNeely at 303-913-4523 or Terri Schreiber at 720-234-8191. You can call to ask questions at any time. You may have questions about your rights as someone in this study. If you have questions, you can call Biomedical Research Alliance of New York Institutional Review Board (the responsible Institutional Review Board) at 516-318-6877.

By completing this survey, you are agreeing to participate in this research study.

◯ **Yes, I agree** ◯ **No, I do not agree**

What is your name?

What is the name of your facility?

What is your position/title?

How long have you been in your current position?

Are you the correct person to answer this survey regarding substance use of substance use treatment among inmates/occupants in your facility?

If no, what is the name, position, phone number, and email contact of the person who is best to complete this survey?

What is the total capacity of your facility?

What is the average number of inmates/occupants in your facility at a given time?

What is the average number of bookings per month in your facility?

Do you have dedicated health and/or mental health personnel in your facility?

◯ **Yes** ◯ **No**

What are the roles/positions of the health and/or mental health personnel you have at your facility?

Do you contract for health and/or mental heath personnel you have at your facility?

- ◯ **Yes, if so who provides the health and or mental health services?**

- ◯ **No, I do not agree**

Do you have processes for screening inmates/occupants for opioid or substances use at your facility?

- ◯ **Yes**
- ◯ **No**

When does screening for opioid or substance use happen at your facility?

- ◯ By the arresting officer prior to arrival at the facility/jail
- ◯ Upon booking
- ◯ Within 24 hours of booking
- ◯ Ongoing during the duration of their stay
- ◯ Other, please indicate when screening occurs

What percentage, would you estimate the inmates/occupants in your facility present with active opioid use or substance use?

- ◯ 25% or less
- ◯ 26%-50%
- ◯ 51%-75%
- ◯ 76%-100%

What services do you currently have available for those with opioid or substance use at your facility (whether covered by staff on-site or via a contract with profeesionals working outside your facility)? Please select all that apply.

- ◯ Administered naloxone to someone who had overdosed on opioids
- ◯ Case management
- ◯ Detoxification upon arrival
- ◯ Medication-assisted treatment (buprenorphine, methadone, naltexone, etc.)
- ◯ Peer support
- ◯ Therapy - Individual
- ◯ Therapy - Group
- ◯ No services available

Do you have dedicated funding to provide opioid or substance use services for the inmates/occupants in your facility?

◯ **Yes** ◯ **No**

Has anyone from your facility engaged in any of the following collaborative acctions relating to the opioid crisis prevention and the administration of medication-assisted treatment services?

- ◯ Entered into a formal agreement with one or more organizations on opioid-related issues
- ◯ Entered into an informal agreement with one or more organizations on opioid-related issues
- ◯ Joined a collaborative partnership with other government and non-governmental organizations to provide medication-assisted treatment for substance use screenings
- ◯ Made organizational reforms (such as consolidation departments, creating new ad hoc committees, hiring aditional staff, etc.) for addressing the opioid crisis
- ◯ Worked with other agencies in activities such as sharing data and information on opioid abuse/misuse, treatment, etc.
- ◯ Your facility has not engaged in any collaborative actions in these areas

Upon release is there a current process for referral to opioid or substance use treatment for inmates/occupants?

◯ **Yes** ◯ **No**

On a scale of 1-7 (1 = not at all to 7 = very much)

How much of a problem is opioid of substance use in your facility? 1 2 3 4 5 6 7 NA

To what extend are staff at your facility aware of the current state of the national opioid epidemic?
1 2 3 4 5 6 7 NA

How willing ate the employees of your facility to address or prevent opioid or substance use by inmates/occupants?
1 2 3 4 5 6 7 NA

To what extent have the policies, programs, and initiatives implemented within your facility been effective in combating or addressing opioid or substance use? 1 2 3 4 5 6 7 NA

To what extent do you have the following resources readily available to successfully address or prevent an opioid or substance use related issues in your facility?

1 (Never/None) 2 (Sometimes) 3 (Moderate) 4 (Sufficient) 5 (Always)

Budget or grant funds specifically dedicated/allocated to the opioid/substance use response 1 2 3 4 5

Data and/or information technology to stay current on opioid/substance use related outcomes, trends, and/or programmatic performace 1 2 3 4 5

Medical and public health professional expertise 1 2 3 4 5

Which of the following information or data does you facility actively collect? Please select all that apply.

- ◯ Opioid- or other drug related crimes for those entering your facility
- ◯ Opioid-related hospitalizations or emergency room visits for those entering your facility or those already staying at your facility
- ◯ Opioid-related overdose
- ◯ Other drug-related offenses that occur within the facility
- ◯ Other opioid- or drug-related data. Please explain.

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Appendix 20: Interview Guide

Interview Guide

Criminal Justice Facilities/Jails

1. Please tell us about how criminal justice-involved individuals move through your facility.

    a. Where do they come from? Do they often move to other facilities? If released, do they stay in the area or are many of them not residents of this county?

2. Please tell us about how substance use or opioid use is assessed and managed in your facility.

    a. Screening

    b. Detoxification

    c. Service provision

3. What is working well with the existing services or processes related to substance use in your facility?

4. Where do you think there are opportunities to improve services for sustance use or opioid use among the inmates in your facility?

5. Can you describe an ideal situation for the inmates here with opioid use or substance use? What is needed for them to get the care they need?

6. What barriers exist to being able to expand services for substance use and opioid use at your facility?

7. Are you familiar with Medication-Assisted Treatment for Opioid Use Disorder? (ex: suboxone, vivitrol, naltrexone, methadone, buprenorphine)

    a. If no, describe them to interviewee.

b. If yes, ask: Do you think your facility would be able to implement a medication-assisted treatment program?

i. What would be needed to make this successful?

ii. What are the biggest challenges you experience in regard to setting up medication-assisted treatment?

8. Do you know if there are health or behavioral/mental health providers in the area that offer substance use or opioid use treatment? MAT specifically? Who else would need to support the idea of MAT expansion in this facility to make it successful?

9. What else haven't we talked about that you think is important for me/us to know related to substance use and opioid use?

10. Would you be willing to provide us a tour of your facility and show us where people incarcerated here receive medical care/mental health care and where medications are stored?

** The survey of, and interviews with, county jail administrators and staff used for this research were approved by BRANY IRB as exempt research with minimal risk. The ad-hoc interviews with providers were not part of the human subject research protocol but were important for the purposes of informing this report only.

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Appendix 21: Study Invitation Letter (Consent)

Rural Recovery Network (RRN) Consent to Participate in Project Research
You are being asked to participate in data collection around the impacts of opioids and other substance use in your community and your criminal justice facility or health/mental health facility. This data will be used to create a final report to share with local stakeholders and state leaders about the current existence of medication assisted treatment (MAT) services or the potential needs and barriers for MAT expansion in your facility or local area in the future. In addition, information from this study may be shared further through publications or presentations at professional conferences.

You are being asked to participate in this research because of your role working in a criminal justice facility in one of the nine included counties (Alamosa, Conejos, Costilla, Custer, Fremont, Mineral, Otero, Rio Grande, and Saguache). Or, you may have been identified as a provider of health or mental health services or a key stakeholder in one of the nine counties where a criminal justice facility is located and therefore you are being asked to participate as a potential partner for provision of substance use treatment services or referrals in the future.

If you agree to participate in this study through an interview with the study team, you will not receive any compensation for your participation. This study is not designed to benefit you directly. However, the researchers hope that this study will provide information for possible future benefit to your facility, community, or the inmates/occupants of your facility in the future regarding medication assisted treatment expansion.

You have a choice about being in this study. You do not have to be in this study if you do not want to be. You will be asked to participate in an interview with members of the study team which should take no more than 1-2 hours to complete.

Possible discomforts or risks of this study should be minimal but may include being uncomfortable responding to the questions being asked. You have the right to decline to respond to any questions asked. However, there may be other risks the researchers have not thought of.

Every effort will be made to protect your privacy and confidentiality by removing your name from the interview transcripts and by not reporting your name in any final report, publication or other dissemination of the study data. This means only your facility will be identified but not you as an individual when the information is shared.

This research is being paid for by the Rural Recovery Network from funds directed by Colorado Senate Bill-21-137.

If you have questions, you can call Heidi McNeely at 303-913-4523 or Terri Schreiber at 720-234-8191. You can call to ask questions at any time.

You may have questions about your rights as someone in this study. If you have questions, you can call the responsible Institutional Review Board, Biomedical Research Alliance of New York at (516) 318-6877.

Appendix 22: Colorado Criminal Activity Type (Drug-Involved) by County

Incident Date	Criminal Activity Type	Colorado	Alamosa	Custer	Fremont	Otero	Rio Grande	Saguache
2018	Possessing/Concealing	19,551	74	8	146	53	54	2
	Using/Consuming	3,134	13	6	34	4	1	--
	Distributing/Selling	2.081	2	2	8	13	6	--
	Cultivating/Manufacturing/ Publishing	357	--	2	--	--	1	--
	Buying/Receiving	153	1	--	--	1	--	--
	Transporting/Transmitting/ Importing	124	--	--	1	--	--	--
	Operating/Promoting/Assisting	18	--	--	1	--	--	--
2019	Possessing/Concealing	18,628	86	18	182	61	33	4
	Using/Consuming	2,986	10	14	26		2	--
	Distributing/Selling	2,235	6	2	11	16	4	--
	Cultivating/Manufacturing/ Publishing	305	--	--	--	--	1	--
	Transporting/Transmitting/ Importing	183	--	--	1	--	--	--
	Buying/Receiving	164	--	--		1	--	--
	Operating/Promoting/Assisting	25	--	--	2	--	--	--
2020	Possessing/Concealing	12,315	53	4	108	16	17	8
	Using/Consuming	1,941	13	2	18	--	--	2
	Distributing/Selling	1,882	5	2	13	1	2	1
	Cultivating/Manufacturing/ Publishing	236	--	1	4	1	--	2
	Transporting/Transmitting/ Importing	210	1	--	1	--	--	--
	Buying/Receiving	122	--	--	4	1	--	--
2021	Possessing/Concealing	13,141	126	5	112	30	43	17
	Using/Consuming	1,986	7	2	19	3	--	--
	Distributing/Selling	1,868	17	2	15	3	1	3
	Cultivating/Manufacturing/ Publishing	154	--	--	2	--	--	2
	Transporting/Transmitting/ Importing	140	--	--	--	1	--	--
	Buying/Receiving	102	--	--	1	--	--	--

- - Indicates not available
Source: Colorado Bureau of Investigation, Accessed August 14, 2022: https://coloradocrimestats.state.co.us/

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Appendix 23: Colorado Criminal Activity Offense Type (Drug-Involved) by County

Incident Date	Criminal Activity Type	Colorado	Alamosa	Conejso	Costilla	Custer	Fremont	Mineral	Otero	Rio Grande	Saguache
2018	Drug/Narcotic Violations	22,546	88	- -	- -	14	176	- -	69	59	2
	Drug Equipment Violations	12,743	56	- -	- -	6	125	- -	29	23	- -
2019	Drug/Narcotic Violations	21,954	101	- -	- -	19	203	- -	77	39	4
	Drug Equipment Violations	11,996	29	- -	- -	8	127	- -	25	26	1
2020	Drug/Narcotic Violations	14,757	69	- -	- -	6	134	- -	17	19	9
	Drug Equipment Violations	7,947	22	- -	- -	1	93	- -	3	11	4
2021	Drug/Narcotic Violations	15,621	147	- -	- -	6	138	- -	34	44	20
	Drug Equipment Violations	8,686	31	- -	- -	- -	70	- -	7	38	2

- - Indicates not available
Source: Colorado Bureau of Investigation, Accessed August 14, 2022: https://coloradocrimestats.state.co.us/

Appendix 24: Community Partners & Experts

TSRG would like to thank Colorado's community partners and experts from the following organizations who provided input for this project:

1. **Rural Recovery Network (Providers and Service Partners)**
    a. Crossroads' Turning Points
        i. Ginger Whatley
        ii. Summer Wilson
    b. San Luis Valley Academic Health Education Center (SLV - AHEC)
        i. Ruth Horn, Executive Director
    c. San Luis Valley Health (SLV Health)
        i. Audrey Reich
    d. Southeast Health Group (SE Health)
        i. Paul Sedillo
    e. Valley-Wide Health Systems (VWHS)
        i. Christian Shotts
        ii. Melissa Dominguez
2. **University of Colorado College of Nursing**
    a. Claudia Amura
3. **University of Colorado, School of Pharmacy**
    a. Jen Place
    b. Jose Esquibel
4. **Criminal Justice Facility Personnel**
    a. Alamosa County Jail
        i. Sheriff Jackson
        ii. Sandy Beheiry, Nurse
    b. Conejos County Jail
        i. Sheriff Garth Crowther
        ii. Undersheriff Blake Crowther
        iii. Tim King
        iv. Corporal Martinez
        v. Sargent Juarez
    c. Costilla County Jail
        i. Sheriff Danny Sanchez
        ii. Abby Gamboa, Jail Administrator
    d. Custer County Jail
        i. Bre Gasper, Jail Administrator
        ii. Rita Torres, Health Care Partners Foundation, Inc.
        iii. Jessica Torres (E-TACT)
    e. Fremont County Jail
        i. Sheriff Allen Cooper
        ii. Derek Irvine
        iii. Cassie Joyce Simmons, Nurse
        iv. Captain Jim Moore
    f. Otero County Jail (JBBS Catchment Area)
        i. Captain Michelle Blue
        ii. Sheriff Shawn Mobley
        iii. Dee Lyons, Nurse Practitioner
        iv. Natasha Reifschneider
        v. Timi Salazar
        vi. Nancy Winsor, Nurse
    g. Rio Grande County Jail
        i. Sarah Herrera, Nurse
5. **Office of Behavioral Health – Jail Based Behavioral Services (JBBS), Behavioral Health Administration**
    a. Rebecca Huckaby
    b. Joel Miller
    c. Kelly Russell
6. **Front Range Clinic**
    a. Dayna DeHerrera-Smith

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Report produced and all research conducted by The Schreiber Research Group (TSRG)
P.O. Box 371342, Denver, CO 80237
https://tsrg.org

The Schreiber Research Group. Medication-Assisted Treatment Services in Southern Rural Colorado County Jails: Alamosa, Conejos, Costilla, Custer, Fremont, Mineral, Otero, Rio Grande, and Saguache Counties. Denver, CO; 2022.

Funded by: SB-21-137
Prepared by: The Schreiber Research Group (TSRG)
in partnership with Valley-Wide Health Systems, Alamosa, CO
October 2022