

MAT in Jails

Module 3: Operational Basics: Facility Implementation

BUNCOMBE COUNTY SHERIFF'S OFFICE, DURHAM COUNTY
SHERIFF'S OFFICE, AND PITT COUNTY SHERIFF'S OFFICE



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



AGENDA

- ❖ ADA Questions Follow-Up with US Attorneys
- ❖ MAT in Jail Operational Basics
- ❖ Q&A

REMINDER ADD QUESTIONS TO THE Q&A BOX

ADA Follow-Up Questions

Does someone need to have to have an actual substance use disorder diagnosis before they come into the jail in order to be protected under the Americans with Disabilities Act?

Is there an obligation to start individuals with OUD on MAT (who were not on MAT at the time of arrest/detainment), verses the alternative process of withdrawal and detox while detained?

What does the ADA say about continuing people on the particular MOUD medication they come in (to jail) on verses forcing them to switch medications?

Defining Terms

(M)OUD

(Medication for) Opioid Use Disorder

SUD

Substance Use Disorder

AUD

Alcohol Use Disorder

MAT

Medication Assisted Treatment (specific to OUD in this presentation)

LME/MCO

Local Management Entity/Managed Care Organization (state fiduciary and network for public health funding)

FTE

Full Time Employee

OTP

Opioid Treatment Program (licensed clinic for provision of methadone and other MAT treatments for SUD)

Bup

Buprenorphine (Suboxone, Subutex, etc.)

COWS

Clinical Opioid Withdrawal Scale (detox measurement/assessment tool)

UDS

Urine drug screen

MH

Mental Health

NCCHC

National Commission of Correctional Health Care

Treatment Introduction

Treatment

Provide medication to existing patients (methadone, buprenorphine, naltrexone)

Programming

- Starting new patients on treatment
- Linkage to reentry services and continued treatment
- Counseling elements
- Reentry planning and programming
- Naloxone in facility (staff) and at release (i.e.: Overdose reversal kits, Narcan)
- Peer support services, case management, care coordination

Levels of Treatment and Programming:

- **Basic:** MAT for pregnant patients with OUD and; maintaining MAT for existing patients; restricted medication choices
- **Moderate:** Identifying and providing services new patients who would benefit from MAT; limited medication choices; linkage to treatment post-release
- **Comprehensive:** Providing existing and new patients MAT with comprehensive reentry support services

DEMOGRAPHICS AND PROGRAM FIGURES

	County Stats	Detention Metrics	Program Stats
Buncombe	<p>Population: 262,939 (2020) Area: 660 mi² Classification: Urban (Prolific rural communities)</p> <p>2021 Overdose Death Rate 59.6 161 Substance/Poisoning Deaths 135 Opioid-Involved Deaths</p>	<p>Capacity: 604</p> <p>Average Daily Population: 450 (Pre COVID 580)</p> <p>SUD/ODU Population: 70%</p> <p>Arrest/Release Averages: 20-30/day</p> <p>Location: Downtown Asheville</p>	<p>Daily Dosing: 15-30 Facility Need: 120/month reporting opioid use Case Load Numbers: Not fixed; support services up to one-year post-release (100+ on census) 2022 Program Stats:</p> <ul style="list-style-type: none"> ➤ 18% recidivism reduction ➤ 22% reduction in deaths of formally detained population <p>2016-2019: Data findings</p> <ul style="list-style-type: none"> ➤ 54% of formally detained county deaths died w/in 1 year of last arrest ➤ 51% of recorded community overdose deaths, had been in-custody less than 24 hours
Durham	<p>Population: 324,833 (2020) Area: 286.53 mi² Classification: Rural / Urban (Prolific rural communities)</p> <p>2021 Overdose Death Rate: 32.0 (103 Deaths)</p>	<p>Capacity: 736</p> <p>Average Daily Population: 373 (FY 2021-2022)</p> <p>SUD/ODU Population: 71%</p> <p>Arrest/Release Averages: Arrest: 12 /day; Releases:13 / day</p> <p>Location: Downtown Durham</p>	<p>Daily Dosing: 12-17</p> <p>Facility Need: 34/month reporting opioid use</p> <p>Case Load Numbers: Not fixed; support services up to 6-months post-release 2022 Program Stats: 17% recidivism for Phase I and II</p>
Pitt	<p>Population: 179,961 (not including ECU population of 30,000) Area: 651.58 square miles Classification: Urban</p> <p>2021 Overdose Death Rate: 28.8 (52 Deaths)</p>	<p>Capacity: 500</p> <p>Average Daily Population: Current 365 (Pre COVID 450-475)</p> <p>Location: Greenville</p>	<p>Daily Dosing: 15-20</p>

Durham and Pitt Co. overdose death data taken from the NC Opioid and Substance Use Action Plan Data Dashboard <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>
Buncombe data gathered in partnership with Buncombe County Register of Deeds and Sheriff's Office

WHERE TO BEGIN AND WHY IT MATTERS

SITE	Step 1	Step 2	Step 3
Buncombe	Appoint Project Lead (part time to full time)	Data, round table of stakeholders, funding determinations	Program design, procedures, launch, program redesign
Durham	Appoint Project Manager	Research, stakeholders' collaboration, funding strategies	Developing policy and procedure; Develop sustainability: support and funding from county stakeholders
Pitt	Appoint Program Staff	Research and stakeholder collaboration	Developing criteria and policies; Develop sustainability: county support and funding

PRO TIP	<ul style="list-style-type: none"> ➤ Identify system barriers and focus strategies to overcome ➤ Leverage existing resources to jump start treatment/programming ➤ Policies and procedures often change with time as program evolves and lessons are learned
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START NOW Strategies

- Provide educational or resource handouts
- Forward 'MAT in Jail' trainings and informational toolkits to operational stakeholders
- Talk to your health department or LME/MCO about naloxone for your population at release
- Schedule a meet and greet with your regional stakeholders (OTP's, Jail Administrators and Sheriff, medical provider, LME/MCO contact, etc.)
- Gather data for daily census projections: Count how many MAT recipients are booked/month and calculate average length of stay

Treatment and Program Specifics

	Inclusion Criteria	Medications Offered				Administer MAT on site	Separate Med Pass	Partnered with OTP	Treatment and SUD Education	Reentry Support	
		Buprenorphine	Methadone	Naltrexone (OUD/AUD)	Naloxone at release (Overdose reversal)					Reentry Plan & Support	Meds at release
Buncombe	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Durham	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Pitt	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓

Employment Staffing Structures

	Program Leadership & Administration	Detention MAT Treatment		Program & Reentry	
	Sheriff's Office	Primary Medical Provider	OTP/Community Provider	County Employee	Contractor/Community Provider
Buncombe	✓	✓			✓ Peer Support Specialists
Durham	✓	✓	✓	✓ Clinician Peer Support Specialist	✓ Peer Support Specialist Community Providers
Pitt	✓	✓		✓ Social Worker/Clinical (Sheriff's Office)	✓ Peer Support Specialist Community Provider

Reentry Programing

- Reentry coordination and service navigation
- Linkage to community Treatment
- MAT medications at release
- Naloxone at release (Overdose reversal kit)
- Funding for social determinants of health: shelter/recovery housing, MAT treatment, ID's, food/clothing post-release, phones, employment, transportation, etc.

	MAT meds	MAT Appt.	Transportation	Essential ID's	Recovery Housing	Basic Needs Food/Clothing	Phones	Primary Funding	
								Grant	County
Buncombe	✓	✓	✓	✓	✓	✓	✓	✓	
Durham	✓	✓	When applicable		✓	When applicable			✓
Pitt	✓		✓		✓			✓	

Application Prompt: Learn/identify the reentry challenges that most negatively impact your populations' recovery success?

Treatment & Programming Evolution and Growth

Catalysts for Change – Decrease Deaths Related to Overdoses and Increase Program Efficiencies & Impacts

Noteworthy Changes

- Program specifics: policies, procedures, disciplinary process and participation criteria
- Overcoming diversion fears, by implementing consistent procedures
- Personnel and credentialling: internal and external staffing changes

Improvements

- Increase of training for all (officers, medical, contractors, etc.): i.e., medical process, trauma informed process
- Collaboration between safety/security and treatment to address maladaptive behaviors
- Dedication to providing the best services for the community
- Team approach with shared responsibilities with command staff

Security Considerations

	Separate Housing	Dosing Location		Officer Present for MAT Med Pass	Separate MAT Medication Pass	Buprenorphine Films or Tabs	Methadone: Liquid, Films, Tabs
		Medical Unit	Housing				
Buncombe		✓	✓	Yes & No	✓	Tabs, crushed	Liquid
Durham		✓	✓	✓	✓	Films & Tabs, crushed	Liquid
Pitt	✓	✓	✓	✓	✓	Tabs, crushed	Liquid
PRO TIP	<ul style="list-style-type: none"> ➤ Increase officer training and development related to OUD treatment and dosing procedures ➤ MAT is commonly brought into the facility as contraband (i.e.: mail) – increase of treatment naturally decreases supply/demand ➤ Participants in general population can be pressured to give up their MAT, this should be taken into consideration for dosing locations and disciplinary investigations and process ➤ Talk to your residents/inmates/participants to learn how, why, when, & where diversion occurs 						

Diversion Prevention

- Develop and enforce dosing procedures
- Set and maintain clear expectation for MAT patients (participation form, repeat instructions at each dosing event, etc.)
- Have a clear disciplinary process that minimizes diversion without compromising medical treatment needs
- Urine drug screens and COWS can be utilized strategically
- Medical provider internal/administrative controls (policy and procedure NCCHC/DEA guidance)
- Training, Training, Training

Application: Identify what the primary concerns are around diversion. What are simple solutions that can resolve the concerns? What is the risk analysis? Is the gravity of the concern balanced with facts?

Procedural Examples

- Prepare dosing elements prior to initiation (i.e.: prepare water, paperwork, etc.)
- Dose 1 at-a-time in a distraction-free location
- Direct observation and mouth check before/after dosing (may use flashlight)
- Officer and medical staff present during dosing
- Patient to roll-up sleeves
- Patient to keep hands at-side (or sit on hands) during entirety of dosing
- Patient not to speak after medication has been provided, until mouth check complete
- Time minimums/maximums for dosing process

Common Concerns and Responses

- Withholding or denying medical treatment (medication not provided)
 - Disciplinary measures
 - Housing/location variables
 - In court/transport state/other location
 - Med pass issues (facility/medical/other)
 - Facility offerings and criteria limitations
- Who/when/where MAT med pass?
- MAT participants in possession of MAT medications, other medication, or drugs
- Diversion Event: What to do when it happens? Disciplinary Process and Response
- Victimization: Active MAT patients pressured to give away their medication
- Transfer Orders: Withhold, taper, continue

Guiding Principles

- What are current contraband policies? Apply them just the same.
- What are principles around medications for diabetes, COPD, MH? Utilize parallel principles for MAT.
- How can you apply continued treatment needs equally to facility security needs?

Buy-In: Building capital for support and sustainability

What to do if gate-keepers are not on board?

1. Identify what values/thought process is impacting the roadblock
2. Address the driving barrier in kind:
 - A. Stigma – education & training
 - B. Funding & Resources – creative problem solving & cost analysis of inaction
 - C. Confidence in Facility Capacity – site visits and technical support
 - D. Tension, Leverage and Axis Points – What are the needs and concerns of each entity?
 - i. Sheriff's and Commissioners are subject to the voting support of the community
 - ii. Health Directors sign-off on the detention health plan
 - iii. Facility Medical Providers are liable for medical treatment decisions
 - iv. Facility Administrators are liable for safety, security, and care of those in-custody
 - v. County Commission approves budget for facility operations including health plan/services
 - vi. County Attorney's handle litigation
 - vii. MCO's/LME's receive funds from the government to support the uninsured including MH & SUD services
 - viii. Opioid Settlement dollars are flowing down – leverage the timing!

Working with Peers

	Office space in detention	Clearance to move through detention	Disqualified for criminal background	Services
Buncombe, Durham, Pitt	✓	✓	No	Peer Recovery Support Reentry planning and navigation Case Management and post-release coordination
Hiring and Working with Peers:	<ul style="list-style-type: none">Peers are critical assets in collective program success. They bring hope to participants, credibility to the work, and insight to operations.Peer Support offers a level of acceptance, understanding, and validation that is valuable to all staff and law enforcement partners.Criminal history is weighed against sustained recovery, credentials & references in hiring process.It is imperative that peers have a supportive professional network and supervision structures. Their work is difficult direct service, their peers are constantly dying, and their formal professional training/experience is often minimal.			

Example of Timeline Service Provision

Report of opioid use and/or MAT	Medical Intake	Continuation	Induction Determination
<p>Harm Reduction and Resource Sheet</p> <p>Peer Services Referral</p> <p>Overdose Kit</p> <p>Timeline: Booking</p>	<p>OUD Screening</p> <p>Harm-reduction education</p> <p>MAT education & facility MAT referral</p> <p>Peer Linkage to Care: self-referral</p> <p>Detox protocol</p> <p>Timeline: < 4-24 hours post-booking</p>	<p>Continuation of medication</p> <p>Transition option from methadone to buprenorphine</p> <p>3-5 days of medication at release</p> <p>Timeline: 2-3 days</p>	<p>History & Physical;</p> <p>Linkage to MAT</p> <p>Linked to a community MAT provider</p> <p>Started on buprenorphine; medication at release</p> <p>Reentry Navigation: post-release support including resources for housing, transportation, employment, etc.</p> <p>Timeline: \pm 2 weeks</p>

Funding Considerations: Detainment and Post Release

Major Expense	Staffing, reentry resources (housing, MAT appointments); capital improvement (construction around office space and facility housing needs)
Moderate Expense	Medications, naloxone, reentry support (transportation, medications, clothes, food, ID's), infrastructure needs (equipment, uniforms, parking, staff network access & system logins/permissions)
Standard Expense	Office supplies, UDS's
Misc. Expense	Program signage, evidence-based curriculum, training, site visits, fentanyl test strips

PRO TIPS & PERSPECTIVES	<ul style="list-style-type: none">➤ County Commission oversees opioid settlement funds Strategic timing for state➤ Leverage shared goals and overlapping priorities of external organizations➤ Grants can have significant administrative demands with funding delays
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Money Matters

Application Prompt: Who pays for what now?

MAT Medication Assisted Treatment

- Medication (detention): \$300-\$600/month/40-60 persons (site total/month)
- Medication (community): \$50- \$90/person/month
- Appointments(community): \$200/visit - \$350/month
- OTP: Office visits/day: \$12

Staff Misc. (salary/benefits)

- Project Manager: \$90+
- Program Coordinator: \$70K+
- RN: \$90+
- Case Manager: \$60K+
- Peer Specialist: \$50K+

Program Misc.

- Naloxone: \$8/kit (2 vials/syringes) ♦ Narcan \$40+/each (2 pack, nasal)
- Recovery Housing: \$650-\$1250/month
- Data Systems: \$20K+ (annual renewal/user fees) ♦ ODMAP: Free
- OTP Licensing Projections: \$100K (licensing and expense projection)

Reentry Expenses

- ID (DL, SS, Birth Cert.): \$20+
- Clothes: \$30+ ♦ Food basics: \$30+
- Transportation: \$15-30/ride (Uber/Lyft); bus \$1/ticket
- Phone & service (3 months): \$60
- Misc.: Backpacks – reentry supplies (\$15-\$30/each)
- Lockboxes: \$10/unit

Indirect Costs

- Collaborative initiatives ♦ Infrastructure
- Media and messaging ♦ Data analysis

Money Matters

PRICELESS

- Community feedback panels
- Partnering with the recovery community
- Building networks & collaborative groups
- Partnering with current MAT providers and addiction specialists
- Identifying and addressing stigma early on
- Information dissemination on naloxone and treatment access
- Good questions and front-line insight
- Donations

Budget Example Buncombe County Detention MAT	
FY2020	\$285K: 3 FTE's - Program Director, Case Manager, Peer, medications, reentry funds
FY2021	\$375K: 4FTE's - Program Director, RN, 2 Peers, medications, reentry programming



Durham County Detention Services, S.M.A.R.T. Participant Testimonials:

** "I asked to be in the program to help with my opioid problem and to help better myself. The staff have done an outstanding job in the care of my disease and taking their job seriously. After receiving the medication, I don't have any more craving. I feel that I honestly have a fair chance of doing what I need to do when I get out without worrying about wanting to get high."*

*** "I have never been so enthused with the energy to not only quit but to stop passionately and begin a new life. This program taught me to never give up on myself. Thanks to this program, I have literally not only wanted to quit, but I am now done with street drugs. My sons will get to see their mother sober again."*

A photograph of a group of people standing on steps, wearing masks with the word 'HOPE' on them. They are all smiling and looking towards the camera. The background shows a building with steps and trees.

THE FACES OF HOPE AND RECOVERY

Lauren, Sue, Knowledge, Lance, Courtney, Samantha, Tanasis, Mike, Wendy, Jacqui

We have sustained recovery, stable housing, stable jobs, rights restored, renewed relationships, and successfully exited the justice system....and you can too.

Reach out for you or a loved one.

Lance then:

- 2 overdose reversals
- 6 arrests
- 2 years homeless
- Lost everything
- Multiple treatment attempts

Lance NOW:

- Stable housing
- Secure employment
- Active in recovery communities

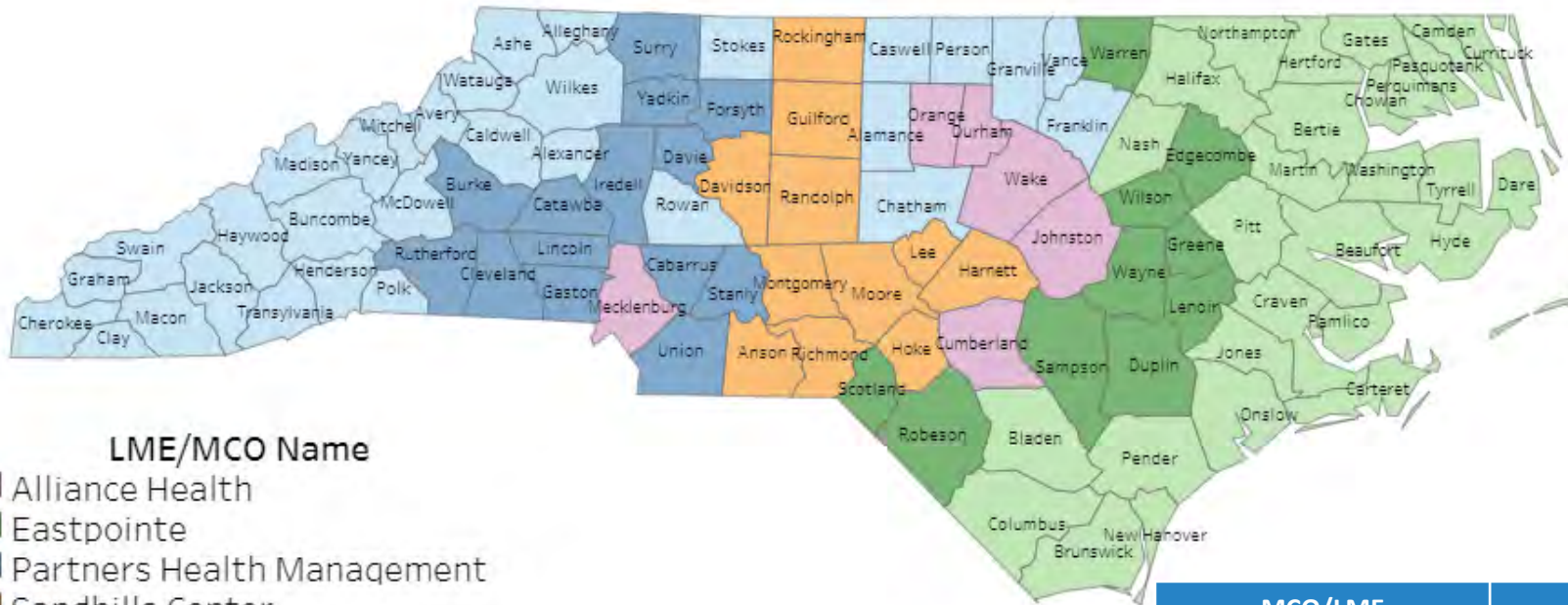
REACH OUT AND SHARE FOR SUPPORT.

24hr Support: 828.380.3554

"I have incredible connections with friends and family. My life is amazing now!"

Local Management Entity/Managed Care Organizations (LME/MCOs)

NCDHHS Currently Has 6 LME/MCOs Operating Under the Medicaid 1915 b/c Waiver



LME/MCO Name

- Alliance Health
- Eastpointe
- Partners Health Management
- Sandhills Center
- Trillium Health Resources
- Vaya Health

MCO/LME	Contacts
	https://www.ncdhhs.gov/providers/lme-mco-directory
Alliance	Carlyle Johnson - cjohnson@alliancehealthplan.org
East Point	Angela Slightom-Williams - aslightom-williams@eastpointe.net
Partners	Ami McGarity - amcgarity@partnersbhm.org
Sandhills	Sabrina Russell-Holloman - sabrinar@sandhillscenter.org
Trillium	Michelle Martin - michelle.martin@trilliumnc.org
Vaya Health	James Collins - james.collins@vayahealth.com

This map shows LME/MCO configuration as of 2/1/22.

NC Detention MAT Technical Assistance

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Pitt County Sheriff's Office: Jason Jackson

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Open Access Resources

NORTH CAROLINA

NC Harm Reduction Coalition

NCHHS: Data dashboard, ER/OD/Poisoning

NCIVP

NCSOTA

LME's/MCO's

- Care Coordination
- Funding for treatment
- Naloxone access (overdose reversal drug)
- CIT/Training
- ACCESS to MH/SA treatment, medications, and crisis contacts/providers
- Other state programs/organizations doing the work

NATIONAL/FEDERAL



- National Sheriff's Association: MAT in Jail Publication
-  Legal Brief <https://bja.ojp.gov/doc/managing-substance-withdrawal-in-jails.pdf>
- SAMHSA https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs_0.pdf
- Technical Assistance <https://www.cossapresources.org/Program/TTA/Request>
 - JCOIN <https://www.jcoinctc.org/courses/implementing-mat-in-correctional-settings/>
 - OD MAP <https://odmap.hidta.org/Account/Register>
 - SAMHSA https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs_0.pdf
 - BJA <https://bja.ojp.gov/topics/drugs-substance-abuse>
 - COSSAP <https://www.cossapresources.org/Learning/Online/WebinarsPodcasts>
 - Policy Research Institute <https://policyresearchinc.org/>

LOCAL RESOURCES

- **Community** Advisory Panel
- LME's/MCO's (list of funded treatment providers)
- MAT Clinics (OBOT's, OTP's)
- Vital Statistics/Register of Deeds

Operational Forms

Durham County



Office of the Sheriff
Clarence F. Birkhead, Sheriff

SHERIFF'S MEDICATION
ASSISTED RESTORATIVE
TREATMENT PROGRAM

Sheriff's Medication Assisted Restorative Treatment Program

Date: _____

Applicant Information

Full Name: _____
Last First M.I. Birth Date Age

POD/Housing Location _____ Attorney (If Known) _____

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: _____ Email _____

What substances are you using? _____

Are you a Durham County Resident? YES ☐ NO ☐ WOMEN ONLY – Are you pregnant? YES ☐ NO ☐

Do you expect to be in custody for 14 days or more? YES ☐ NO ☐ Do you have history of opioid use/misuse or addiction? YES ☐ NO ☐

Do you have any charges outside of Durham County? YES ☐ NO ☐ Are you willing to continue treatment in the community following release? YES ☐ NO ☐

Have you participated in STARR? YES ☐ NO ☐ If yes, when? _____

Are you serving an active sentence? YES ☐ NO ☐ If yes, Release Date? _____
Next Court Date? _____

1

Emergency Contact

Please list Emergency Contact.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Attorney Information

Attorney: _____ Phone: _____

May we contact your Attorney/Public Defender for a court order? YES ☐ NO ☐

By signing below, I the undersigned, hereby authorize the STARR Program to communicate with my Attorney/ Public Defender; in written, verbal and/or electronic format: Court Order Only

Signature: _____ Date: _____

Treatment History Service

Have you ever participated in a Medication Assisted Treatment Program in the community? YES ☐ NO ☐ If yes, when/where? _____

Have you been diagnosed with any mental health or substance use disorder? YES ☐ NO ☐ If yes, please explain? _____

Are you prescribed benzodiazepines (Xanax, Klonopin, etc.)? YES ☐ NO ☐ If yes, where? _____

Have you overdosed 1 or more times in the past year? YES ☐ NO ☐

Have you used opioids for 1 year or more? YES ☐ NO ☐ If yes, what types? _____

Were you ever caught diverting or misusing your medications in the past while incarcerated? YES ☐ NO ☐ If yes, when? _____

Disclaimer and Signature



I certify my answers are true and complete to the best of my knowledge.

If this application leads to acceptance into the Sheriff's Medication Assisted Reclamation Treatment Program, I understand diversion of medication will not be tolerated and any patient who diverts their medication will be ineligible and may result in my release for program participation. This zero-tolerance policy has been put in place because diversion of medication puts the entire program at risk and creates a safety and security risk in the building.

Thank you for completing this application. If you meet the criteria, a member of the MAT Program team will meet with you to go over the next steps for enrollment or explore alternate options, if applicable.

Signature: _____ Date: _____

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Office of the Sheriff
Clarence F. Birkhead, Sheriff

SHERIFF'S MEDICATION
ASSISTED RESTORATIVE
TREATMENT PROGRAM

S.M.A.R.T. Questionnaire for
Detainees who return to the Detention Facility

1. Were you rearrested on new charges?

2. At the time of your arrest, were you employed?

3. How would you describe the level of emotional and personal support you receive from your family and others?

4. At the time of your arrest, were you seen by a primary care doctor?

5. Did you use the Emergency room, hospital, or crisis services prior to your arrest?

6. Since last leaving the detention center, were you referred to any treatment or vocational programs? Did you make it to these appointments?

7. Was transportation an issue for missed appointments?

8. How difficult was it for you to find employment and/or housing?


9. Upon your release could you have been better supported in your recovery journey?

10. Did you return to use? If yes. What were the contributing factors?

11. Did you experience an overdose in between your release and reincarceration?


12. How would you describe your living environment at release? Was it supportive of your recovery?

13. Are there any service(s) you feel would have made your recovery successful?



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(919) 560-0897 | Fax (919) 560-0854 | www.dccncs.gov
Equal Employment/Affirmative Action Employer

Buncombe Program Referral



Sunrise Community
For Recovery & Wellness

BCCDF
Return to
MEDICAL

Self-Referral

Buncombe County Sheriff's Office Detention Facility (BCCDF) has partnered with Sunrise Community for Recovery and Wellness (Sunrise) and the Health Department to provide **free** Peer Support to those recently released from jail.

The purpose is to help people improve their health, safety and wellbeing by connecting them to free resources.

The peer support specialists can work with participants up to 1 year, to help them get back on their feet.

Programming can be started while in detention by completing and returning this form to Medical or Programs staff.

Services Offered: Peer support and assistance with linkage to treatment, recovery and harm reduction services, transportation, obtaining ID, applying for housing, employment and education resources, benefits, and payment assistance.

Contact: Peer Navigator, Community 828.641.1614 (call/text)
Peer Navigator, Detention 828.250.4073

Consent

☒ **Yes**, I am interested in this program and give permission to Buncombe County Detention Facility Staff to pass this sheet to Sunrise. I understand that Sunrise will attempt to contact me using any information below, to follow-up on this free service.

☐ **Right Now** I am not interested in this program. I understand that if I change my mind, I can reach out (even after release) to request this free support.

Name _____ Phone Number _____

Signature _____ Date _____

Email _____ Booking Number _____

50 S. French Broad Ave, Asheville, NC 28801
Sunrise Center: 828.552.3858

Updated 5/24/22

To better understand your needs, please complete the below survey.
Check appropriate boxes, and circle yes, no, or N/A (not applicable).

	It not an issue	Some Difficulty	Serious Difficulty	I would benefit from assistance	I can resolve on my own	I've sought help in the past (Circle answer)
Employment						Yes / No / <u>N</u> / A
Child Support Payments						Yes / No / <u>N</u> / A
Transportation						Yes / No / <u>N</u> / A
Financial Resources						Yes / No / <u>N</u> / A
Housing						Yes / No / <u>N</u> / A
Do you have health insurance? <u>Y</u> / N						Yes / No / <u>N</u> / A
Health						
Legal						Yes / No / <u>N</u> / A
Substance Use (For me or someone close to me)						Yes / No / <u>N</u> / A
Did you or someone close to you overdose within 72 hours of arrest? If yes, would you like Sunrise to refer you to:	Port Overdose Response Team Chaplain Services?					Yes / No / <u>N</u> / A Yes / No / <u>N</u> / A

What do you feel are the two main things that you will need help with once you are released, to be safe and healthy?

I anticipate being here for approximately the next (check box or write in your anticipated timeline):
*If you release from BCCDF to another facility, reach out to Sunrise for support when you return to the community.

<u>Day</u> =	<u>Week</u> =	<u>Month</u> =	3 months =	6 months =	Transfer to Prison or other facility =

Essential Documents: I have essential documents such as my ID, Social Security Card, Birth Certificate, etc.: Y / N I need my: _____

Are you working with other reentry/diversion services in jail? Y / N If so, who? _____

Are you working with services in the community? Y / N If so, who? _____

Updated 5/24/22

Buncombe County Sheriff's Office Detention Facility
Strategic Community Opioid Response (BCDF-SCOR)
Medication Assisted Treatment (MAT)

Buncombe County Sheriff's Office Detention Facility's Medication Assisted Treatment Program supports recovery from opioid addiction. Individuals on MAT in the community will be evaluated for maintenance/continuation while detained. Untreated opioid users will be evaluated for opioid use disorder (OUD) and program enrollment.

Daily Dosing Criteria is based on a combination of variables including projected length of stay, sentencing status, medical clearance, and other factors relevant to the program's ability to provide service. ***A bridge MAT prescription and linkage to community-based MAT treatment is provided to eligible program participants at release, regardless of daily dosing status.***

Please Note: If you have a transfer order/HOLD for a secure facility that does not have a confirmed MAT program, you will be evaluated for placement on medically supported detox, to prepare you for the facility transfer.

Considerations for taper and/or detox from MAT

- Pending transfer to a facility or law enforcement agency where MAT services are not confirmed for continuation.
- Program disinterest or refusal to take medication according to policies and procedures.
- Medical Director determination.
- Behavior which threatens the safety and security of facility operations/residents/staff, or disciplinary actions inhibiting program participation (i.e.: medication diversion).

NOTE: If you do not meet program eligibility for daily-dosing, you can still enroll in the program to receive reentry support, including access to MAT services in the community.

MAT Medications

- Facility Maintenance/Continuation & Induction: 8 mg buprenorphine
- Pregnant Patients: Maintained on current MAT or started on buprenorphine
- At Release: Participants on buprenorphine will be released with 5 days of medication

At this time, you have been identified to receive MAT medications for:

☐ Daily Dosing ☐ Release Bridge Prescription ☐ Taper Detox ☐ Taper Transition

This decision is based on: ☐Release Date ☐Transfer Hold ☐Diversion History ☐Other: _____

Other Program Services

Sunrise Peer Support Services and Reentry Navigation are available up to 1-year post-release, providing assistance in accessing: recovery treatment and harm reduction services, transportation, obtaining ID, recovery housing, employment and education resources, benefits, and payment assistance. Participants *must* remain engaged with program peer staff after release, to continue to access program resources and supports. This includes routine data/outcome survey's required by the federal grant funder, SAMHSA.

By signing this form, I acknowledge my understand and agree to the MAT program participation requirements.

Name _____ Signature _____ Date _____

Booking Number: _____

Updated 6/28/22



Authorization to Release Information
Pitt Co.

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED INFORMATION

This authorization form implements the requirements for patient authorization to use and disclose health information protected by the federal health privacy law: 45 C.F.R. parts 160, 164; the federal drug and alcohol confidentiality law: 42 C.F.R. part 2; and state confidentiality law governing mental health, developmental disabilities, and substance abuse services, G.S. 122C.

Patient Name: _____ Date of Birth: _____

I request and authorize PORT Health Services to communicate with and disclose to:

Name of Individual and Entity: _____

Address (street, city, state, zip code): _____

Phone Number: _____ Fax Number: _____

Information to be disclosed (Check all applicable boxes):

- | | | |
|---|---|---|
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Laboratory Reports |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Treatment Summary |
| <input type="checkbox"/> TB | <input type="checkbox"/> Progress Notes (excluding psychotherapy) | |
| <input type="checkbox"/> Other (specify): _____ | | |

Information to be released for these dates of treatment: From _____ To _____

I understand that this consent for release of records **includes information related to the treatment of Substance Use Disorders, psychological or psychiatric conditions, Human Immunodeficiency Virus (HIV) infection, AIDS or AIDS related conditions (NC GS 130A-143), sexually transmitted diseases, and gene-related impairments (including genetic test results).**

Purpose of Use & Disclosure:

- | | | |
|---|--|--|
| <input type="checkbox"/> Coordination of Care | <input type="checkbox"/> Legal Proceedings/Matters | <input type="checkbox"/> Billing & Reimbursement |
| <input type="checkbox"/> Seeking Financial Benefits | <input type="checkbox"/> Other (specify): _____ | |

Redisclosure: I understand that the information may be redisclosed by the recipient and it may no longer be protected under the HIPAA Privacy Rule. However, other laws may prohibit redisclosure, and we are required to inform the recipient.

Voluntariness: This authorization is voluntary. Treatment and payment will not be affected if I refuse to sign this authorization, except as provided by law. A copy of this authorization is as effective as the original.

Revocation and Expiration: I may revoke this authorization in writing at any time by requesting a *Revocation Form* from the clinic's front desk, except to the extent that an action has been taken in accordance with this authorization. If not revoked earlier, this authorization will expire automatically one year from the date of signature or upon a certain event relevant to the purpose of this authorization (specify event): _____

Patient's Signature _____ Date _____

Legally Responsible Person's Signature (if required) _____ Date _____

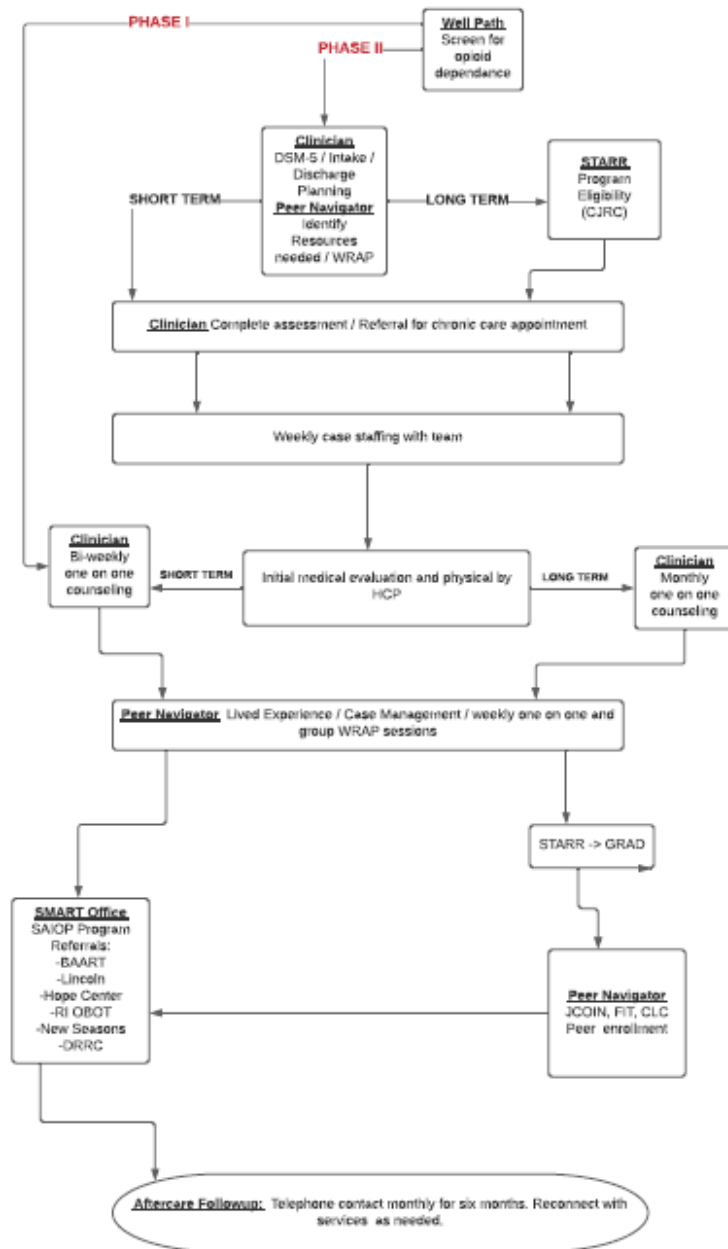
Printed Legally Responsible Person's Name _____ Relationship to Patient _____

Note: If the patient is unable to sign, a Legally Responsible Person may sign this form for the patient. Written evidence will be requested. For minor patients with substance use diagnosis, both patient and legally responsible person must sign.

Updated 11/18/19

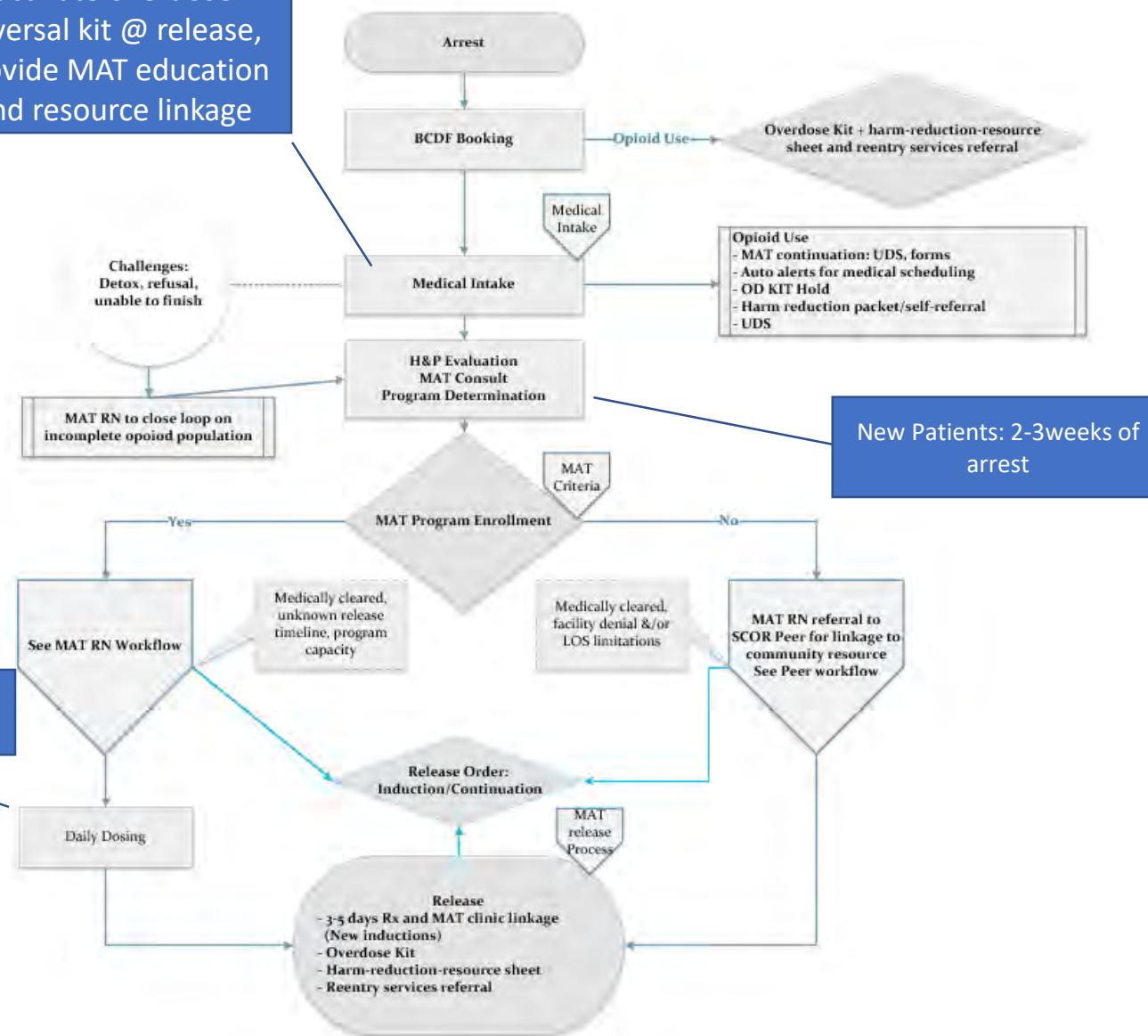
Durham Workflow

S.M.A.R.T. PROGRAM FLOW CHART



4-24hrs – identify existing MAT patients, activate overdose reversal kit @ release, provide MAT education and resource linkage

Buncombe Workflow & Timeline



Existing patients:
w/in 72 hrs. of arrest

New Patients: 2-3weeks of
arrest