

From the community to jail and back again: Closing the gaps

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The Community Health Center of
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October 2022



SAMHSA
Substance Abuse and Mental Health
Services Administration

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Presentation Outline

- Community Provider
 - Model of critical components
 - Gaps and Strengths
 - Case Study
- County Correctional Facility
 - Reentry Planning
 - OTP/MOUD program
 - Gaps
 - Reentry Case Work

Franklin County, MA

- Primarily rural and least populous county on the mainland of MA
- Covers 699 square miles with population density of 102.1 persons per square mile
- 82% of population has graduated from high school, compared with 88% state average
- Trends 14.7% lower than state average for completion of Bachelor's degree or higher
- Median family income of \$60,950, which is over 25% below state levels, and per capita income is \$35,908, which is over 18% below state levels
- Over 10.5% of population fall below the federal poverty line
- Highest jail incarceration rate in MA, with most people in pretrial status



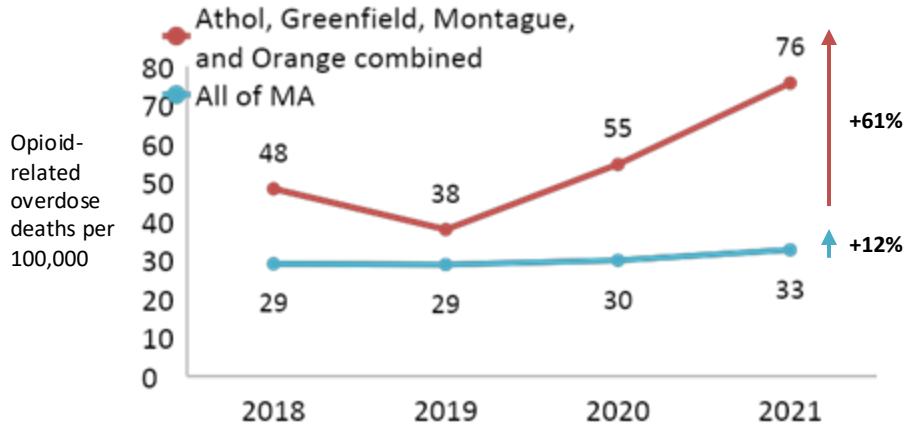
The Community Health Center of Franklin County

- Federally Qualified Health Center with locations in Greenfield and Orange, MA
- Provides fully integrated medical, dental, and behavior health services
- Serves approximately 8,000 patients in Franklin County and the North Quabbin region
- Serves uniquely vulnerable populations including unhoused, dually-diagnosed, migrant/farm workers, and HIV/Hep C positive
- 63% of patients seen year to date meet 100% or less of the federal poverty guidelines
- Vast majority of patients receive MassHealth/Medicaid



Overdose Rates


Opioid-related overdose deaths in Athol, Greenfield, Montague, and Orange compared to all of Massachusetts, 2018-2021



From 2018 to 2021, the rate of opioid-related overdose death increased by **61%** in Athol, Greenfield, Montague, and Orange combined, from 48 to 78 deaths per 100,000. The rate for all Massachusetts communities increased by 12% over this time period.

Case Study

- 43-year-old Caucasian male with history IVDU presents to CHCFC for psychiatric medications and MOUD; requesting Adderall and Suboxone. Initial toxicology screen positive for heroin, fentanyl, methamphetamine, cocaine, and buprenorphine. The Prescription Monitoring database was interrogated and revealed past prescriptions for Adderall and Suboxone. Initial visit with FNP, OBAT Director. He was provided with 7-day prescriptions for Suboxone and Adderall. A follow up appointment was made with Nurse Care Manager for 1 week.



ID: 13411	Test Date: Jul 06, 2022
Name: Dope	Pub. Date: Jul 06, 2022
Other Names: Pablo Escobar	Src Location: Greenfield, MA
UniqueCode: AC2022B0627	Submitter: Greenfield, MA
Marquis: Unknown	Loc: United States
Mecke: Unknown	Color: White
Mandelin: Unknown	Size: 1 mg
Fentanyl Test Strip (FTS): Positive	Data Source: DrugsData
GC/MS:	Tested by: DDL
	Lab's ID: 22060115

- Heroin : 8
- Fentanyl : 4
- 4-ANPP : 1
- 6-Acetylcodeine : 1
- 6-Monoacetylmorphine : 1
- Caffeine : 1

Office Based Addiction Treatment (OBAT)

- Model of treating addiction in the context of outpatient primary care
- Pioneered by Boston Medical Center & has been known as the “Massachusetts Model”
- Utilizes Registered Nurses as Nurse Care Managers (NCMs)
 - NCM’s are the primary therapeutic relationship with patient
 - Allows primary care and addiction clinicians to more efficiently use their time
- Multidisciplinary team including registered nurses, medical providers, social workers, and outreach workers
- Recognizes importance of patient led decision making, harm reduction, and trauma informed care
- Patients can receive OBAT services without being abstinent from drugs
 - Medication first model of care



Case Study Continued...

- Patient returned in 1 week to see NCM. Urine toxicology testing was positive for heroin, fentanyl, methamphetamine, and buprenorphine. He endorsed continued heroin use, stated that he did not need to use cocaine when he was taking the appropriate dose of Adderall. Pt was provided with 7-day prescriptions for Adderall and Suboxone. The NCM made an appointment for 1 week.

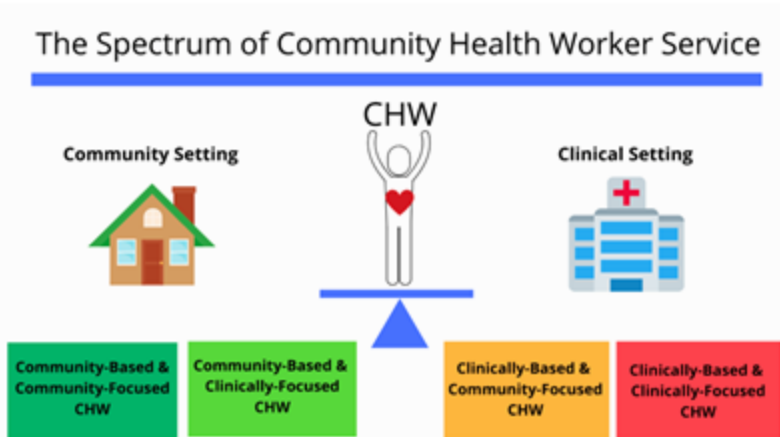


OBAT at CHCFC

- 350 patients with an OUD diagnosis year to date
- 1.5 FTE of Nurse Care Manager time
- Same day and next day visits for initiation of MOUD
- Trauma informed & consistent approach spectrums of care
- Community health workers as the linkage between healthcare and community



Case Study Continued...



- At his next visit with the NCM, patient revealed that he had recently been released from jail and was struggling with housing and getting his license back. The NCM put in a referral for patient to connect with a jail-based Community Health Worker (CHW).
- Despite several attempts, the CHW was not able to contact patient by phone. However, due to co-location and collaboration between correctional facilities and the health center, the CHW was able to see the patient in person at his subsequent visit at the health center.
- Unfortunately, after meeting with the CHW, patient was re-incarcerated on a drug related charge.

“Peer Plus” Model of Care

- Peer support services are a vital piece to recovery and abstinence from drugs
- Community health workers can function as “peer plus” members of a patient’s treatment team
- Important characteristics:
 - Lived or living experience; able to “talk the talk and walk the walk”
 - Knowledge and full acceptance of multiple paths to recovery, including paths that are not abstinence based
 - Ability to navigate both formal and informal healthcare systems
 - Down to earth, personable, can easily connect with people
 - Knows how to *get things done*

Peer Support Workers for those in Recovery



Learn about the role of peer workers and access recovery-related resources about peer supports and services.



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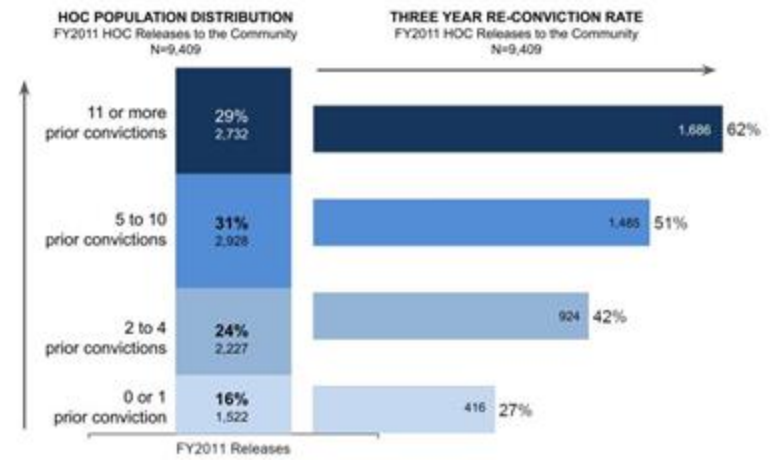
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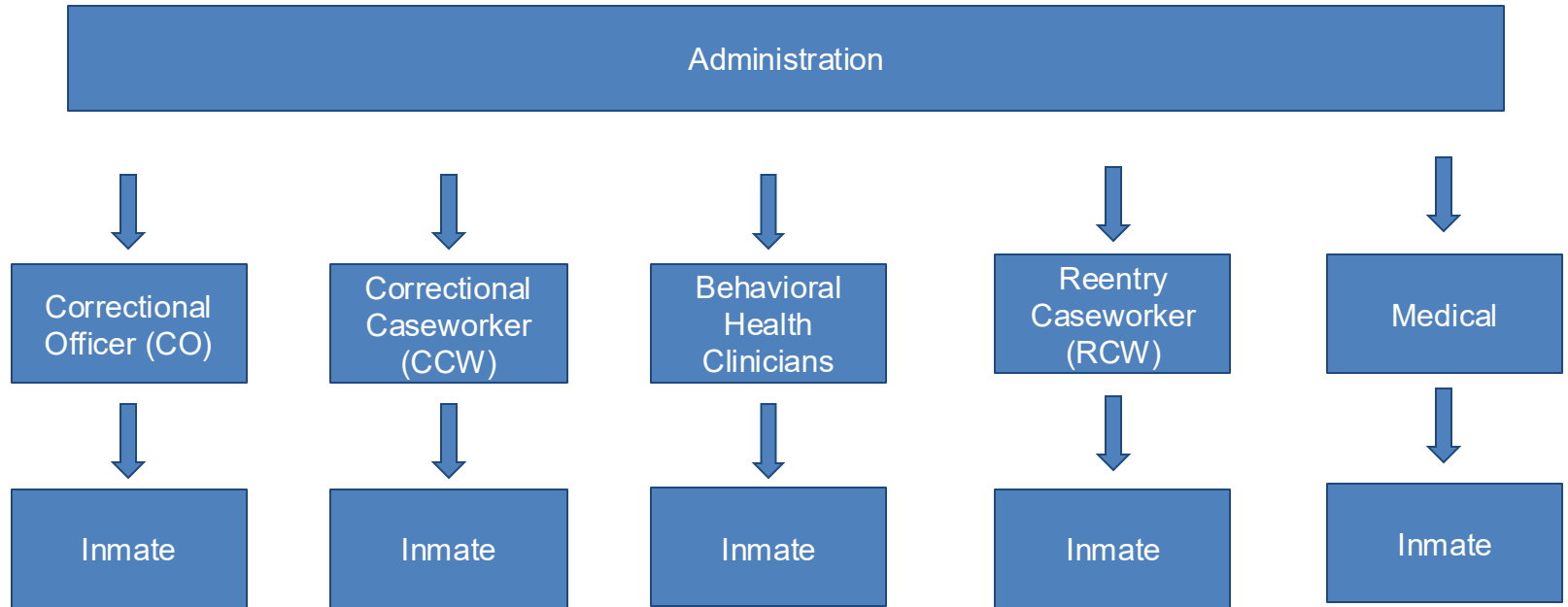
60 percent of HOC releases had 5 or more prior convictions; people with more extensive criminal history were more likely to recidivate



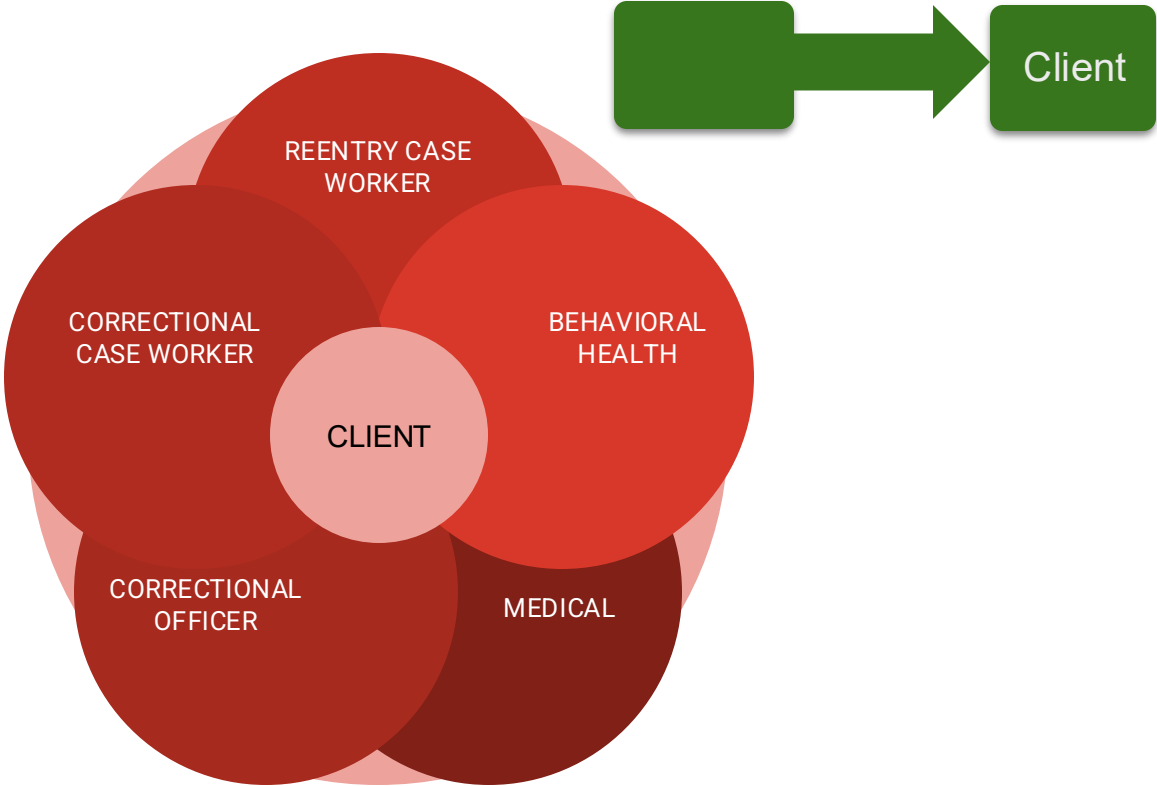
In this context, "conviction" refers to a charge or set of charges disposed on a single day. CSJ Justice Center analysis of FY2011-2014 Parole SPRT HOC data and CORO data.

...too well known results

Restructure of the old foundation



Treatment Supportive Structure



Supporting staff to do the work



- Correctional Academy & In-Service
- Westfield State University Collaboration
- Acceptance and Commitment Therapy (ACT) training didactic
- Weekly Dialectical Behavioral Therapy team meeting
- ACT Boot Camps
- Comprehensive 10-day DBT training



Behavioral Health Treatment Philosophy

If we break it down, behavior primarily functions in two ways:



Behaviors that move us away from something:
relief seeking (adverse control)



Behaviors that move us toward something
(appetitive control)

Traditional

|

CBT

FACT

Try to change it:

Challenge

Fight

Dispute

Struggle

❓ What is the truth

❓ Right vs. Wrong

THOUGHT

Notice if:

Is it beneficial

Is it workable

Is it useful

❓ In the service of who and what
is most important to

Modern

CBT

A lot of away moves ...



The behavior of individuals struggling in the justice system is often dominated by behavior governed by adverse control

Goal: Create an environment that emphasizes appetitive control



Case Study Continued From the Inside

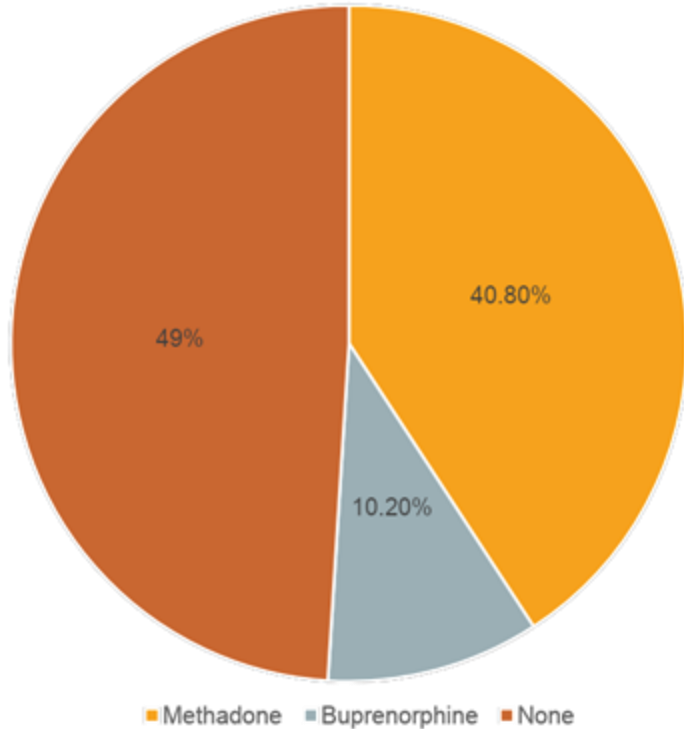
- Jail based CHW was able to meet with patient when he was re-incarcerated
- Patient was continued on MOUD without a gap in care
 - Strong working relationship between jail and community based MOUD providers
- Patient and CHW began release-planning, including re-establishing care with OBAT at the health center

FCSO MOUD Program Overview

- Provide all three forms of MOUD
 - FCSO is a federally designated Opioid Treatment Program
- Conduct clinical assessments for OUD
- Utilize state PDMP
- Screen for co-occurring disorders
- Implement a diversion mitigation plan
- Develop outreach and engagement strategies
- Ensure all practitioners have a DATA Waiver
- Build funding mechanism and service delivery models with rural counties
- Use telehealth services
- Provide peer recovery support services
- Tobacco cessation classes
- HIV/AIDS, hepatitis and infectious disease screening and treatment

MOUD PRIOR TO INCARCERATION

CHARACTERISTICS OF OTP PARTICIPANTS AT INTAKE



Funded by the Substance and Mental Health Services Administration (SAMHSA)

Center For Substance Abuse Treatment (CSAT)

Grant No. H79TI084139

09/30/2021 – 09/29/2026

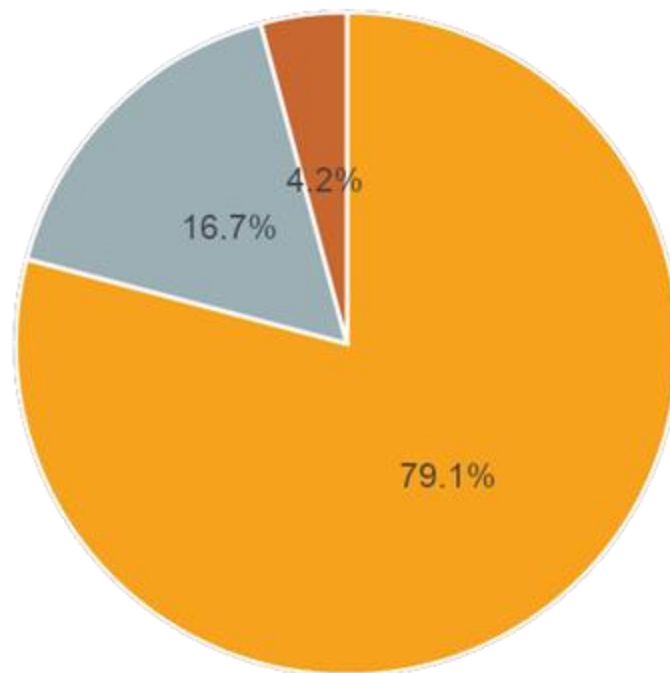
Liz Evans, PhD, UMass Amherst

eaevans@umass.edu

TREATED WITH MOUD WHILE INCARCERATED

- N=1 did not receive MOUD.
- N=1 transferred from buprenorphine to methadone (coded as methadone).

Slide from: Liz Evans, PhD,
UMass Amherst



■ Methadone ■ Buprenorphine ■ None

MENTAL

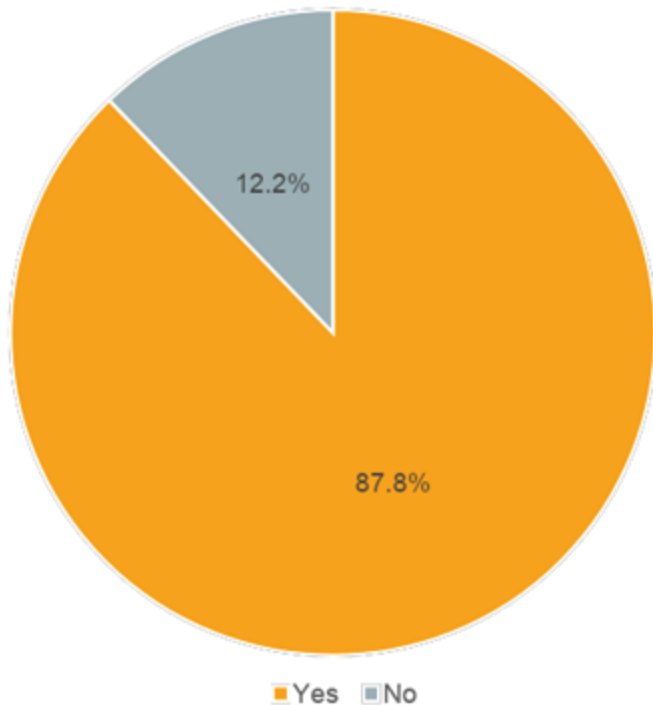


- 63.3% screened positive for co-occurring mental health issues and SUD
- 93.9% reported being bothered by psychological or emotional problems
- 32.7% reported having been prescribed medication for

disorder, but most reported symptoms. Not assessed?

TRAUMA

Experienced Trauma

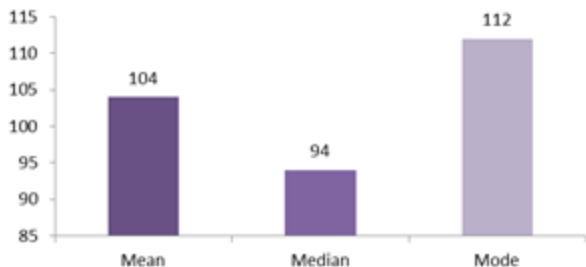


- Most individuals (87.8%) reported having experienced trauma
- Sample size of those without trauma is small, see Table 6.1
- Characteristics of people with trauma
 - 91.3% reported mental health symptoms
 - 18.2% were houseless
 - 86.1% were unemployed or not in the labor force
 - 20.9% had less than a high school education

Analysis of MOUD Inside FCSO

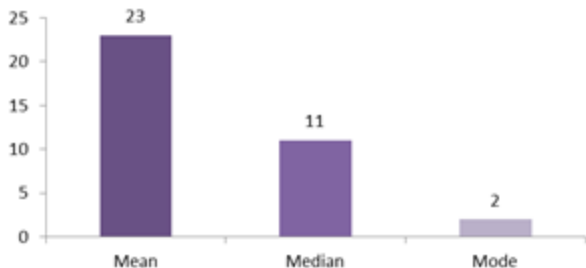
MOUD Daily Census October 1, 2022

Sentenced: Number of days at FCSO on MOUD



23%

Pretrial: Number of days at FCSO on MOUD



77%

Total	72	Pod A	8
Admission	23	Pod B	18
Maintenance	48	Pod C	18
Pre Release	1	Pod D	24
MTD to BUP	0	Min	5
BUP to MTD	10	Pre Release	1
Buprenorphine	16	Vivitrol/Naltrexone	2
Methadone	54	Sublocade	1

Reentry & Community Involvement (pretrial)

Reentry Assessment

Reentry Planning &
Coordination

Post Release Case Work

Demographics

- Rapid release with very short notice
- Unemployed
- Unstable housing
- Uninsured

Adaptations

- Expedite rapport – Incentivizing participation
- Pretrial checklist
- Increase collaboration with courts
- Increase collaboration with community OBAT
- Increase staff flexibility for rapid releases
- Texting App
- Telehealth

Reentry & Community Involvement

Franklin County Sheriff's Office Client Reentry Plan - Post Release Copy -

Name: XXXXX, XXXXXX

Release Date: xx/xx/xxxx

The following needs have been identified and appointments / referrals may have been made prior to your release.
If you have any questions or need assistance, contact your Reentry Coordinator: 413-774-4014

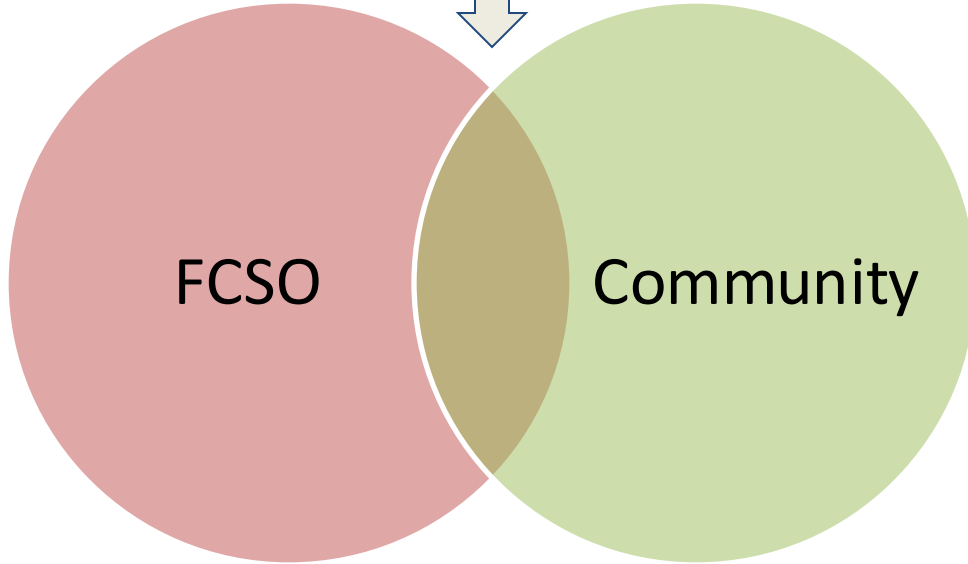
Need	Resource Name	Resource Address	Phone #	Instructions
Birth Certificate	Greenfield Town Hall	14 Court Square Greenfield MA 01301	(413) 772-1500	Please find your new birth certificate in your property.
Clothing	Salvation Army	Greenfield/Turners Falls/Hadley		Please enter qualifying Salvation Army store to redeem your voucher within 30 day, an ID is required.
Community Reentry Group	Women's Reentry Group	90 Federal Street Greenfield MA 01301	(413) 834-3478	Please attend weekly reentry group for support and food, Thursday's 3:30 - 4:30PM, at the Community Action Family Center
Department of Children & Families	DCF - Greenfield	143 Munson Street Greenfield MA 01301	(413) 775-5000	Please contact your DCF worker upon release to schedule an appointment.
Education	Greenfield Community College	1 College Drive Greenfield MA 01301	(413) 775-1000	Please visit GCC upon release to explore further education options.
Housing	Department of Housing & Community Development	Greenfield Family Inn 128 Federal Street Greenfield MA 01301	(413) 774-6382	You have been approved for EA Shelter benefits through DHCD. Your shelter placement will be at the Greenfield Family Inn, please arrive by 3:00 PM on day of release.
Housing	Franklin County Regional Housing Redevelopment Authority	241 Millers Falls Road Turners Falls MA 01376	(413) 863-9781	You have been added to the centralized Section 8 waitlist. Please follow up with subsidized housing application upon release. Please contact FCRHRA to update contact info upon release.
Housing	Greenfield Housing Authority	1 Elm Terrace Greenfield MA 01301	(413) 774-2932	Please return completed housing application to GHA upon release.
Health Insurance	Mass Health	MA	(800) 841-2900	Mass Health active member #XXXXXXXXXX; you are enrolled in Partners Health Care Choice (800) 231-2722, Member #XXXXXXXXXX
Medical	Pioneer's Women's Health	48 Sanderson Street Greenfield MA 01301	(413) 773-2200	You have an appointment scheduled on XX/XX/XXX @ 11:00 AM
Medical	Community Health Center Franklin County	102 Main Street Greenfield MA 01301	(413) 325-8500	You have an appointment scheduled on XX/XX/XXX @ 3:15 PM
Mental Health	DHD - Greenfield	102 Main Street Greenfield MA 01301	(413) 774-6252	You have an appointment scheduled on XX/XX/XXX @ 10:00 AM
MOUD	Community Health Center Franklin County	102 Main Street Greenfield MA 01301	(413) 325-8500	You have an appointment scheduled on XX/XX/XXX @ 1:45 PM
Franklin County Reentry Center	FCSO Reentry Services	106 Main Street Greenfield MA 01301	(413) 774-4014	Please visit the Franklin County Reentry Center upon release. Your assigned reentry caseworker is XXXX, (413) 834-3478. Please rely on your caseworker for your reentry needs. Your reentry case worker will meet with you on XXXX/XX to review day of release activities.

CLIENTS in a Treatment Supportive Structure

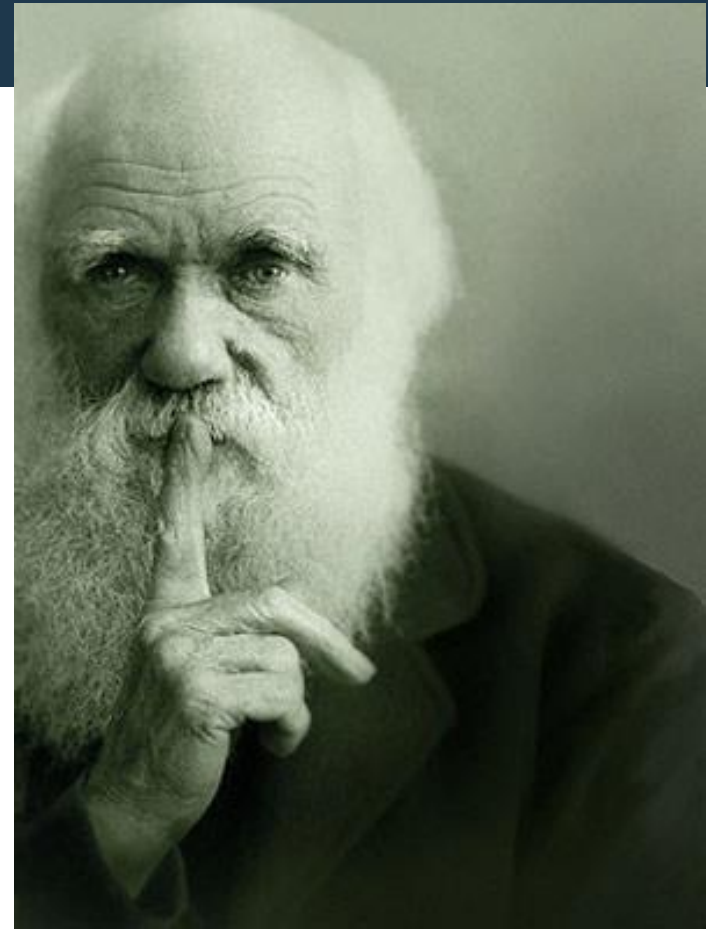
- Reentry begins at the booking
- Assessment driven/dual diagnosis case management
- Intensive skills building:
 - Mindfulness-based CBT (DBT/ACT),
 - Acceptance & Commitment Therapy (ACT) Groups
 - Dialectical Behavioral Therapy (DBT) Skills Groups
 - ACT Reentry Group using Contingency Management
 - ACT Peer Led Group
 - Post Release Community ACT Group
- Trauma-informed care,
- Educational & vocational training;
- Secondary treatment: expressive therapies



Pivot Point



Outpatient Providers: Inside/Outside Work



Points Of Collaboration

Continued need for medications to treat opioid use disorder and other care.

- Increased risk of overdose and other poor health in the first few weeks post-release
 - Seamless transition from jail to community is critical.
- Continuing MOUD from jail entry through incarceration improves health outcomes and increases MOUD retention post-release.
 - Rapid maintenance/induction of MOUD is critical.

Need for gender-sensitive and trauma-responsive care in correctional settings.

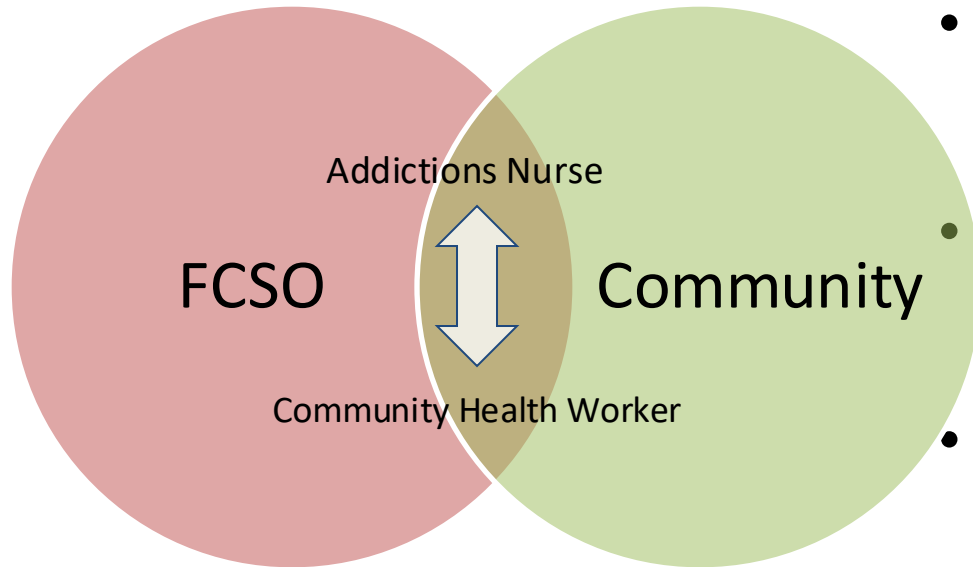
- Nearly all clients in the OTP report trauma
- Nearly all women incarcerated report trauma, have an OUD and report current or historical commercial sexual exploitation.

Development of a relationship with a care-provider while incarcerated who continues to provide support in the community (CHD & CHC).

- Trauma disrupts one's sense of trust and safety in the world, and the belief that one is worthy of care and love.
 - Developing a relationship with a provider that supports the client both in the community and FCSO is critical.



Case Study Conclusion

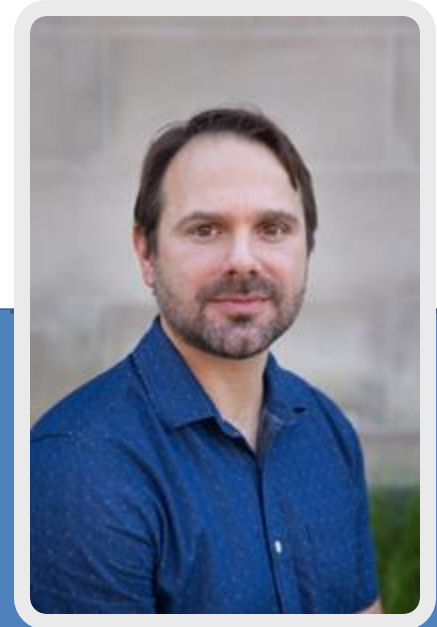


- Patient remains incarcerated
- NCM and OBAT Director are kept up to date on patient's status through the CHW
- Plan to re-establish care with CHCFC OBAT as soon as he is released
- OBAT NCM will be able to provide same-day appointment to avoid any gap in MOUD

Contact Information

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Levin Schwartz, LICSW is the *Assistant Superintendent of Clinical & Reentry Services* at the Franklin County Sheriff's Office (FCSO). Levin received his master's degree from Smith College School for Social Work and his BA from UMass. Levin is the implementation specialist for FCSO special projects, including FCSO's federally licensed Opioid Treatment Program (OTP); behavioral health grants, including SAMHSA's MATPODA grants (2018, and 2021), and BJA/DOJ COSSAP, JHMCP and SCA grants. Levin has co-developed and implemented what has become a nationally recognized mindfulness based opioid treatment and reentry program at FCSO.



Contact Information

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Rachel Katz, FNP-BC is a board-certified Family Nurse Practitioner with over 14 years of experience in primary care across the lifespan, most of which have been in rural settings. She is a graduate of Smith College and Columbia University and is a member of the American Association of Nurse Practitioners. Ms. Katz has been a practicing addiction clinician for the last 8 years and is a strong advocate for incorporating treatment for substance use disorders into the scope of routine primary care. She is a strong proponent of low-barrier access to care and firmly believes in incorporating harm reduction principles into all aspects of treatment for substance use disorders. She currently sees patients at the Community Health Center of Franklin County in Greenfield, MA, where she directs the Office-Based Addiction Treatment program and is actively engaged in teaching students and residents. She is currently a Community Faculty member for the NIH-funded HEALing Communities Study.