



**COUNTY ROLES AND
OPPORTUNITIES IN
OPIOID TREATMENT FOR
JUSTICE-INVOLVED INDIVIDUALS**

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Ninety-one Americans die every day from an opioid overdose, with more than half a million people dying from drug overdoses between 2000 and 2015.¹ On any given day, 3,900 people try a prescription opioid for a non-medical purpose and 580 people use heroin for the first time.² As communities across the country – small and large, urban and rural – are ravaged by the opioid epidemic, counties are on the front lines of battling this crisis. While the upsurge in opioid use is a public health priority, with more than 1,000 people treated every day in emergency departments for misusing opioids,³ it is also having a major impact on county justice systems. Approximately two-thirds of jail inmates have a substance use disorder, and one study found that only 11 percent had received any kind of treatment.⁴

Substance abuse disorders affect every aspect of a person's life and extend into the community. Counties spend nearly \$93 billion on justice and public safety services⁵ and \$83 billion on community health and hospitals annually.⁶ These investments include spending on correctional facilities, courts, law enforcement, hospitals, health clinics, ambulance use, substance abuse treatment and more – all of which play a critical role in dealing with the many issues related to the opioid epidemic, but come at a high cost. More than \$20 billion is spent every year on emergency department and inpatient care for opioid poisonings,⁷ while \$7.7 billion is spent on opioid-related criminal justice costs.⁸

Because most prevention and treatment of the opioid epidemic takes place at the local level, county elected officials play a critical role in tackling this crisis. By using stories and data from their own communities, county leaders can educate state and federal officials about the scale of the problem, share the impact on local systems and residents, suggest changes to state and federal policies that can prevent opioid abuse and detail resources that will help counties in their efforts.

County leaders may also work to establish a broad-based network of community organizations that are fundamental to their communities' efforts. Because the opioid epidemic so heavily touches justice, health and human services systems, it is crucial to identify and bring together all stakeholders who are working on the issue. Leveraging existing work and encouraging new collaboration and partnerships can lead to more effective use of resources, improved service options for individuals and better outcomes for residents and the county.

Unsurprisingly, county leaders across the country have identified opioid use as one of the major issues affecting local justice systems. This issue brief will outline a few of the many challenges counties face when addressing individuals with opioid use disorders who encounter the justice system and highlight key strategies communities can use to tackle this issue.

This document will outline some of the challenges counties face when trying to treat opioid misuse and addiction in justice-involved individuals and highlight key strategies that communities have used to address this issue.

COMMUNITY-BASED OPIOID TREATMENT


Justice-involved individuals with opioid use disorders who are treated in the community have decreased numbers of hospital stays, fewer emergency room visits and lower recidivism rates, and community-based treatment is more cost effective for criminal justice and health care systems.⁹ Community-based treatment is ideally used as an alternative to incarceration, but is also effective as part of a post-release plan. The examples below are just a few of the many options counties have for supporting and offering treatment within a community.

Crisis intervention training. Crisis Intervention Training (CIT) is a model for community policing that brings together law enforcement, mental health providers, hospital emergency departments and individuals with mental illness and their families to improve responses to people in crisis.¹⁰ Law enforcement officers undergo 40 hours of training that helps them to identify individuals in a mental health or substance use crisis, teaches verbal de-escalation skills and identify mental health resources for assisting people in crisis.¹¹ Crisis intervention teams can help prevent justice-involved individuals with substance use disorders from re-entering the justice system and provide access to resources and treatment that are more tailored to their needs. In **Pennington County, S.D.**, the Sheriff's Office and the Rapid City Police Department undergo Crisis Intervention Training to learn how to de-escalate situations. More than 100 members of the sheriff's office and police departments have been trained in crisis intervention and there are plans to train many more officers.¹²


Crisis stabilization centers. The sheer number of calls related to overdoses and the resources necessary to respond can overwhelm local emergency response systems. Emergency rooms see more than 500,000 opioid-related visits every year¹³ and many emergency rooms have neither the staff nor the infrastructure to appropriately address the needs of a person experiencing a substance abuse crisis.¹⁴ Arresting an individual for a drug-related offense utilizes law enforcement time and resources that could be spent addressing more serious crimes. And often times many law enforcement officers may not be trained to properly assist a person in crisis. Crisis intervention or stabilization centers are places where law enforcement officers can take individuals experiencing a substance use crisis or challenge to safely detox, stabilize and be connected to treatment. These centers generally provide assistance to individuals for

short lengths of stay, usually up to 48 hours, and relieve law enforcement and emergency rooms of many of the time and resource pressures associated with the opioid crisis.

Ready access to naloxone. Naloxone, also called Narcan, is a prescription drug that can reverse the effects of an overdose by blocking the opiate receptors and reversing the overdose.¹⁵ Ready access to naloxone and other overdose reversal drugs can help prevent death, especially when administered in a timely fashion.¹⁶ Naloxone injections, as well as a nasal spray version of naloxone that has been approved by the Food and Drug Administration, have been used for more than 40 years by emergency medical services (EMS) personnel to reverse opioid overdose.¹⁷ As the opioid epidemic has grown, an increasing number of local law enforcement agencies also have naloxone on hand as they are regularly the first responders to a drug overdose. Counties should also track the use of and rescues from naloxone, which can help support adequate budgeting for naloxone.



The **Lake County, Ill.**, Opioid Initiative implemented the use of naloxone in 2014. The program is a partnership between 40 agencies, through which naloxone is deployed and used in overdose situations. Since the program's inception, the use of naloxone has saved 130 lives in Lake County, with 84 lives saved in 2016 alone.¹⁸ Countywide the coalition is working to prevent opioid use, abuse, misuse, addiction, overdose and death and has expanded drug collection boxes across the county.



Diversion programs. Many people with substance use disorders are arrested for low-level offenses, often repeatedly, and jurisdictions across the country have seen success with providing alternatives to incarceration rather than cycling these individuals in and out of the justice system. Alternatives to incarceration, or diversion programs, involve collaboration between the justice, health and human services systems, as well as community-based providers, to treat individuals for their underlying substance use needs and address other factors (such as treatment, education and prevention) that may contribute to recidivism.¹⁹ Diversion regularly has more positive outcomes for offenders with substance abuse disorders and costs less than detention.



For example, **Boulder County, Colo.**, created Project EDGE (Early Diversion Get Engaged) to assist adults with behavioral health disorders at risk for criminal justice involvement. Law enforcement officers are trained to identify when a person's behavior is related to a substance use disorder and how to refer individuals to the program rather than arresting them. Project EDGE offers wraparound services, including motivational interviewing, assertive community treatment, peer support specialists, substance use and detoxification treatment, benefits enrollment and more.²¹

OPIOID TREATMENT WITHIN THE JUSTICE SYSTEM

Due to a lack of resources in many communities, jails across the country often offer the first opportunity to identify individuals' needs, stabilize acute issues and provide connections to in-house or community services. Substance abuse treatment in jails can reduce rearrests for treated inmates up to 25 percent compared to untreated inmates, over follow up periods of six months to five years.²³ Treatment in jail can provide a unique opportunity to engage individuals who may not otherwise seek treatment.

Medication-Assisted Treatment. Medication-Assisted Treatment (MAT) is the use of medications, such as methadone, with counseling and behavioral therapies to treat substance use disorders and prevent overdoses.²⁴ MAT programs provide a safe and controlled level of medication to help individuals overcome the use of opioids, and studies have found that 80 percent of patients have lower recidivism rates when in methadone treatment.²⁵ MAT can be started when an individual is in jail, but must be followed up with continuing treatment in the community. Treating an individual with methadone in the community costs \$3,000 \$5,000 per year,²⁶ compared to the expense of detaining a person in jail, which often costs ten times as much.²⁷

The Metropolitan Detention Center in **Bernalillo County, N.M.**, instituted a methadone program in 2009. Inmates undergo medical screening during intake into the facility to determine if there is substance use. Recovery Services of New Mexico, a local non-profit, then verifies individuals' medical history and gathers necessary information from community health service providers. Inmates admitted to the program are given a dose of methadone daily and offered counseling, therapy and mental health assessments. Jail staff also work with community health providers to ensure a warm handoff occurs as the individual transitions back into the community. In an evaluation of the program the county found that individuals in the program are less likely to be re-booked into the jail than other groups, and over 97 percent of the patients in the program returned to their community program. Bernalillo County plans to expand the program to include mental health in 2017.

Enroll individuals into health coverage and connect them with care. Many counties are enrolling justice-involved into Medicaid or other health care coverage whenever possible, and people with opioid use disorders would particularly benefit from this. Particularly in states that have expanded Medicaid, many justice-involved individuals will qualify for coverage. Medicaid coverage can make it easier for individuals to access the care they need once they are in the community and can help lower health care costs, hospitalizations and emergency department visits, as well as decrease mortality and recidivism for justice-involved individuals.²⁹ If an eligible individual is held in jail, staff can work to enroll him or her into coverage and make connections to treatment in the community.

Connections to treatment in the community. One way to ensure continuity of treatment for justice-involved individuals with substance use disorders is to provide them with community connections while they are in jail. After a person is treated for a substance abuse-related overdose but before they are released is a critical time frame to offer or refer that individual to treatment. Community connections are even more important to those participating in a MAT program because it can help some people to sustain recovery – one study found that 80 percent of patients in MAT said access to a counselor helped them stay in treatment.³⁰ The professionals working to make these connections can be dedicated correctional staff, employees from local health or social services agencies or staff from community providers. Such in-reach offers incarcerated individuals the opportunity to meet with community-based agencies in the jail to discuss services and encourage connection to or continuity of care once the individual is released.

Finally, many individuals with substance use issues also have co-occurring mental illnesses. To learn more about ways counties can assist justice-involved individuals with mental health issues, please see *County Roles and Opportunities in Reducing Mental Illness in Jails*.


REENTRY PLANNING

Justice-involved individuals face a number of barriers when they reenter their communities, and these barriers are compounded when combined with the stigma often associated with substance abuse. Individuals with substance use issues are less likely to be offered help than are people with a mental illness or physical disability, and are often denied housing or employment based on their illness or criminal record. Counties are in the position to change the


conversation about opioid addiction and improve access to services and resources for individuals who are struggling.

Ban the box. One way counties can address substance use and justice system stigma is to “ban the box” or change hiring practices to prohibit questions regarding past criminal history on applications for local government jobs.³³ These initiatives allow the employer to consider the applicant’s qualifications first without the stigma of a criminal record.³⁴ More than 40 counties across the country have passed such policies to give qualified individuals with a criminal record a fairer chance at employment in county positions.³⁵

Supportive housing. Access to quality affordable and stable housing is major challenge for justice-involved individuals with substance use disorders. Supportive housing combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness.³⁶ Services for supportive housing may include case management and coordination with health and behavioral health care providers, as well as assistance with employment, education and transportation.³⁷ The combination of stable housing and treatment are crucial components to a successful reentry for justice-involved individuals with substance use disorders.



In **Palm Beach County, Fla.**, The Lord’s Place is breaking the cycle of homelessness through supportive housing programs that offer a continuum of services. For individuals who struggle with substance abuse and/or chronic homelessness, The Lord’s Place connects each resident to a life coach that helps them develop and implement a plan to address their needs, and residents can participate in a job training and employment services program, which provides job skills training, supervised apprentice opportunities and assistance in searching for employment.³⁸





Changing perceptions. Counties should also work to change perceptions related to substance use among the justice-involved populations. Local government officials have the power to set the tone in conversations about substance abuse and can begin chipping away at the stigma of substance abuse disorders simply by speaking candidly and compassionately about opioid addiction.³⁹ Because substance abuse is a medical condition, using language such as “a person with a substance use disorder” rather than “addict” can be powerful in combating the stigma surrounding substance abuse. Counties can also create informational tools and programs geared at educating the wider community on what substance abuse is and the importance of not only providing treatment but also treating substance use disorders the way other diseases are treated.

To learn more about ways counties can assist justice-involved individuals through the reentry process, please see *County Roles and Opportunities in Reentry Planning*.

RURAL COMMUNITIES AND OPIOID USE

The opioid epidemic has had a disproportionate impact on rural counties. Fatal opioid overdose rates in rural areas have increased at unprecedented rates and now are as high as or higher than rates in all metro areas.⁴⁰ Rural areas of the country have long suffered from gaps in availability of substance use treatment services, particularly those related to MAT. One report estimated that outpatient substance

use treatment services are almost four times less likely to be available in rural hospitals than in urban hospitals,⁴² while another noted that only 3 percent of opioid treatment programs are located in rural areas, despite higher rates of opioid misuse in these areas.⁴³ The vast majority of rural residents live in counties that do not have detox services. While many rural counties are faced with a “double whammy” of high opioid addiction rates and few resources, there are a number of solutions smaller counties can employ to help residents.

Increased access to treatment facilities. For rural communities, access to treatment is often a barrier for individuals. Unsurprisingly, difficulty in accessing care results in lower completion rates of substance abuse treatment programs.⁴⁵ In north central Montana, three Native American reservations and eleven counties – **Hill, Toole, Judith Basin, Blaine, Teton, Cascade, Liberty, Glacier, Chouteau, Pondera and Phillips counties** – have partnered with Opportunity Link, a non-profit organization, to provide transportation services to patients needing treatment who live far away or do not have transportation.⁴⁶ Opportunity Link runs through the local Human Resource Development Councils and was already running shuttle buses to remote communities to provide access to education and employment opportunities. The counties worked to expand the program grants to add routes that included health care providers. The provision of this transportation led to significant increases in patients completing their treatment programs and corresponding decreases in missed appointments and relapses.⁴⁷

Multi-county cooperation. Not every rural county needs or can afford programs and services for their justice-involved populations with substance use disorders.⁴⁸ Partnerships among counties allow for the sharing of resources, which can reduce individual costs, increase access to services and facilities and coordination amongst each other. It is critical that when attacking substance abuse issues that lines of communication with neighboring governments are either established or strengthened to ensure the issue is thoroughly addressed.⁴⁹

Boone County, Campbell County and Kenton County, Ky., along with several cities in northern Kentucky, have formed a regional task force that enables their law enforcement departments to work cooperatively in drug enforcement. The Northern Kentucky Drug Strike Force (NKDSF) focuses on the illegal sale and misuse of pharmaceutical medications. NKDSF investigators work closely with doctors and pharmacists to investigate illegal diversion of prescription medications across the three counties.⁵⁰

To learn more about ways counties can collaborate in their justice systems and with related systems, please see *County Roles and Opportunities in Advancing Safety and Justice through Collaboration*.



Telemedicine. For many people living in rural counties, treatment centers are located hours away, making it difficult or impossible for individuals to access care. Even in urban areas where there is a shortage of providers or if the closest service provider won't work with individuals who have a criminal history, jail may be the only option for a person in crisis. Rather than a person waiting days, traveling hours or being booked into jail for his or her health care needs to be addressed, telemedicine can provide quick, easy access to remote physician consultations. Addiction treatment often requires in-person visits with medical professionals, but telemedicine can enhance these services and reduce the burden on a patient if distance assistance is available for some portion of his or her treatment.

For citations, visit the electronic version of this document at www.naco.org

The National League of Cities (NLC) and NACo have launched a joint task force to address our nation's opioid and heroin abuse crisis. **The National City-County Task Force on the Opioid Epidemic** aims to increase awareness of the opioid epidemic, elevate proven solutions, provide policy recommendations to local, state and federal governments, and disseminate guidance and solutions to city and county officials. In November 2016, the task force published its report and recommendations, available at <http://www.opioidaction.org/>.

NACo and NLC will continue to work with the task force and their larger local memberships to disseminate the recommendations in the report, assess their salience and comprehensiveness on an ongoing basis, and foster a national network of local officials committed to helping to reduce the rates of opioid misuse and overdose.



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