

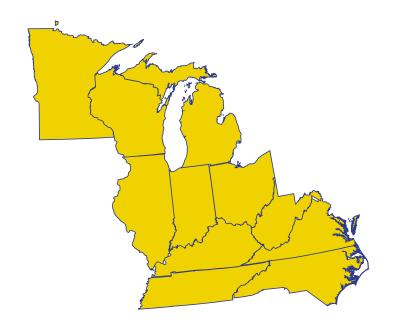


RESPONDING TO THE OPIOID CRISIS IN RURAL AMERICA JUDGES AND SHERIFFS WORKSHOP

Meeting Summary

On December 13 and 14, 2018, the U.S. Department of Justice, Bureau of Justice Assistance (BJA) and the U.S. Department of Agriculture (USDA), Office of Rural Development convened a workshop for rural judges and sheriffs at the University of Tennessee in Knoxville, Tennessee. A second workshop was convened on April 1 and 2, 2019, at Ohio Supreme Court in Columbus, Ohio. According to the Centers for Disease Control and Prevention (CDC), 10 of the 11 states experienced statistically significant increases in the age-adjusted rate of overdose deaths between 2016 and 2017. West Virginia had the highest rate of overdose deaths in the United States in 2017, with 57.8 per 100,000. Of the remaining ten states, six ranked in the top 20—Indiana ranked 14th, Kentucky was 5th, Michigan was 15th, North Carolina was 20th, Ohio was 2nd, and Tennessee was 16th.

In all, more than 50 judges, sheriffs, and treatment providers from 29 counties in Illinois, Indiana, Kentucky, Michigan, Minnesota, North Carolina, Ohio, Tennessee, Virginia, West Virginia, and Wisconsin attended the two workshops. Judicial and law enforcement leaders from rural communities came together to discuss the special challenges they face with respect to the opioid epidemic, share information on programs and innovations, and promote discussion and peer learning



"We need to educate our leaders that we can't lock up our way to sobriety—which has been a difficult sell to the community leaders and law enforcement."



Challenges

All participants reported multiple challenges to addressing the opioid crises in their communities. The following describes the major themes from participant discussions.

Limited treatment and recovery support services in rural communities

Almost all judges and sheriffs reported an inability to access substance use treatment in their communities, many citing the absence of treatment facilities making lengthy travel to neighboring counties necessary. They also noted the proliferation of underregulated entities, willing to write prescriptions but not provide the full support services. Specific treatment gaps include lack of inpatient treatment and detoxification services and limited mental health services in their communities. Participants also noted an inability to consistently access or deliver recovery support services (e.g., peer support network and services). Persons in recovery, or those seeking treatment, lack consistent access to transportation, forcing law enforcement to step in and provide support. Given the distances to treatment facilities, one officer could be gone for hours or even a day, which is a great loss for a sheriff's department; it is not sustainable without support. Participants noted the need for more transitional and sober housing to support recovery in their communities. There is also a need for more employment options. The absence of these resources decreases the likelihood of successful treatment outcomes, which is particularly problematic when a person is under supervision of the court. This also increases the burden on judges and sheriffs to find ways to fill these gaps.

Limited judicial, law enforcement, and jail resources

Several judges reported that they struggle to keep functioning drug courts because of limited resources. In

"The treatment facility is at one end of the county, where the minority of the population lives; it's 50 miles away and they can't get there." "There's a big communication problem.
The person will be doing wonderful in drug court and they have a CPS worker who is focused on a small issue and they end up doing poorly in the abuse and neglect case."

addition, judges with multiple counties in their judicial districts must travel great distances, which limits the time they can spend in any one community. Sheriffs expressed frustrations about the pressure put on law enforcement to address the drug problem in their communities. This pressure includes family members who see jail as the only way to keep their loved ones alive. Further, sheriffs reported that their jails are not equipped to pay for medications or deliver services. For these communities, the additional expense and staffing needed to transport detainees to services is a significant financial burden. Judges and sheriffs reported a wide range of challenges related to funding, including identifying appropriate grants, obtaining matching funds, pulling partners together and putting an application together in a short time, and managing grants on the other end if they are successful.

Lack of communication/information sharing

Judges reported a lack of communication among courts, social services, and treatment providers. Defendants participating in multiple courts often have conflicting treatment plans or different information on services. Sheriffs also reported information gaps for overdose events because of hospitals' reluctance to report, as well as increasing administration of naloxone by community members who do not report use, which impacts the ability to locate bad batches and information for funding.

Limited training

Both sheriffs and judges reported knowledge gaps among their colleagues about substance use disorders and treatment approaches in their communities. Sheriffs reported that jail medical personnel and other staff members need training about treatment approaches.

Innovations

Many participants reported programs or services in their communities designed to combat the opioid crisis. While each of the states has drug courts, many participants described other innovative programs being used to combat the opioid crisis and reduce overdose deaths and criminal activity related to drug use in their communities. Programs highlighted by meetings attendees are described below.

Illinois

The Lee County Sheriff's Department worked with the Dixon Police Department to start the Safe Passage Initiative, which allows individuals who are suffering from substance use disorder to present themselves at a participating law enforcement agency in Lee and Whiteside Counties in Illinois, ask for help with their addictions, turn over any drugs in their possession without fear of arrest or prosecution, and be placed in a treatment facility, typically within 24 to 48 hours. Once an individual is released from treatment, he or she is assigned a recovery coach to assist with outpatient treatment services, job placement, education, and other resources to help with staying sober. In addition, Lee County is providing MAT services (buprenorphine and naloxone) to individuals in jail as well as naloxone upon release.

Indiana

Starke County has established the Foster a Recovery Mentality (FARM) program, a 4-acre garden, funded primarily through community donations, which provides the opportunity for inmates with substance use disorder to work in the garden growing produce. Most of the produce is used to feed inmates, but a certain percentage is sold at the local farmer's market. In addition, inmates learn to build lawn furniture that is sold to the community. Revenue from the program is put into treatment. Starke County is also developing a welding program, which will offer inmates training in welding; upon graduation, participants will receive a welding certificate.

Kentucky

Kentucky developed bench cards for use by judges regarding privacy concerns for individuals involved in treatment for substance use disorders. These cards are being adapted for use by at least one other state. Another successful program provides school resource officers through the sheriff's department to educate children regarding the harmfulness of drug use.

Michigan

Tuscola County, in collaboration with its neighboring Huron and Sanilac Counties, have implemented a Regional Sobriety Court to collectively address an issue that individually they did not have the numbers or resources to support. The state also has begun a Hope not Handcuffs program, which allows individuals to present themselves at any participating law enforcement agency, where they may request assistance with their substance use disorders and will be placed in treatment as soon as possible.

Minnesota

Polk County has a community coalition to address opioids and has done extensive work educating the community. Services in the community include medication management in the jails, reentry education for inmates, and early childhood mental health treatment.

North Carolina

North Carolina has developed a program for mothers who give birth to children with neonatal abstinence syndrome (NAS), through which the mothers receive complete wraparound services and are offered intensive support. Mothers are able to see their babies more often and to bond with them. Fifty percent of mothers have been reunited with their babies within seven months.

Making use of an old, unused Department of Corrections building, Haywood County was able to open a rehabilitation facility that houses 30 men and 30 women and is open to all county residents. Local churches and grocery stores donate time and resources to the operation of the facility.

Ohio

The Sawyer County Sheriff's Office is working with the community to form a faith-based coalition to develop resources for helping individuals stay sober. In addition, the sheriff's office is starting a juvenile drug court and a substance use disorder and mental health court. The Adams County Sheriff's Office runs the Junior Deputy bootcamps, which provides activities for 300 to 500 kids aged 5 to 16 per year, with a focus on drug use prevention and education.

Tennessee

The Franklin County rural reentry program partnered with the Tennessee College of Applied Technology to allow qualified inmates in the county jail to take a ten-week course in plastic molding, which enables them to become gainfully employed upon their release. The program has served 1,400 individuals, and approximately 60 percent of the inmates are employed.

Similarly, the Dyer County Sheriff's jail reentry program made use of the old Dyer County Jail to provide a 30-bed facility to house inmates participating in the reentry program. Qualified inmates are provided with vocational training, fitted with GPS bracelets, and allowed to work outside the facility. The recidivism rate for individuals who complete the program is 10.86 percent.

Virginia

Virginia is developing "inventive incarceration," which will offer jail inmates various courses, including Moral Reconation Therapy (MRT) and GED prep courses. For every class an inmate completes, a set number of days will be deducted from his or her overall sentence. In addition, a music therapy pilot project is in the works. Through this project, half of the participants in the drug court will listen to classical music or jazz for 30 minutes per day to study the effect it has on their recovery.

West Virginia

Jefferson County uses telehealth to bring psychological and psychiatric treatment to individuals who are otherwise unable to access those services. Participants receive wraparound services including assistance with anger management, employment issues, and family relationship issues.

The Roane County drug court uses incentives to encourage participants to graduate, including taking the participants bowling. It also requires participants to complete a community project. Participants with criminal cases have their cases deferred and, on graduation from the program, have felony charges bumped down to misdemeanors. The graduation rate from the program is approximately 50 percent.

Wisconsin

Sawyer County has hired its first criminal justice coordinator, whose focus will be on restorative justice programming. The Juneau County jail provides Vivitrol to inmates on a limited basis and has received a grant to begin providing wraparound treatment services.

"I'm a heavy advocate for real-time data. It's something we lack. Instead of developing one pilot project here, another project there, we could probably come up with better plans if we had the ability to look at the data trends."

Opportunities

In addition to describing barriers, participants also highlighted measures that could benefit their jurisdictions' capacity to address opioids. The main activities identified are described below.

Implement education, trainings and peerto-peer exchanges.

Participants expressed interest in more opportunities to learn about harm-reduction strategies, prevention, treatment, and recovery models that are making a difference in rural communities.

Develop relationships with philanthropic institutions.

Participants expressed interest in how other partners such as philanthropic institutions could help with funding.

Increase/expand use of teleservices.

Participants expressed interest in learning more ways to expand the use of broadband beyond telemedicine to fill the gap in delivering services in their communities.

Learn from other communities.

Participants expressed interest in learning from other judges' and sheriffs' experiences, either by traveling to visit other systems or by holding more events whereby the partners come to visit them.

Expand use of mobile units to deliver services.

Participants expressed interest in exploring how mobile units can help fill the gap in delivering services. This is particularly relevant to communities with limited broadband services.

Resources

Comprehensive Opioid Abuse Program (COAP) Resource Center

Federal Resources for Rural Communities to Help Address Substance Use Disorder and Opioid Misuse

Fentanyl Recommendations for First Responders

<u>Jail-Based Medication-Assisted Treatment: Promising</u>
<u>Practices, Guidelines, and Resources for the Field</u>

Law Enforcement Naloxone Toolkit

National Judicial Opioid Task Force Resource Center for Courts

Opioid Misuse in Rural America

Opioid Overdose Prevention Toolkit

Rural Prevention and Treatment of Substance Use Disorder
Toolkit

Teleservices: Happening Now!

USDA-NORC Opioid Misuse Tool

USDA Rural Development Programs & Services

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Visit the COAP Resource Center at www.coapresources.org.

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