

101 Commission: Mental Health and Substance Use Standards Applicable to Jails and Prisons in the Commonwealth

Presented by
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**Special thank you to each of the Sheriffs and Commissioner Mici
as well as Tom Preston for assisting with the gathering of the
information presented herein.**

The information contained herein is to be used solely for purposes of
updating the 101 Commission and shall not be construed as legal advice.

Standards and Guidelines: Broad and Expansive

Goal: To identify the standards that guide and direct mental health and substance use disorder.

Challenge: Standards and guidelines are extensive:

- Numerous Federal, National and State Standards and Guidelines;
- Healthcare Standards: Guide overall treatment and care for correctional facilities including for mental health and substance use disorder;
- Standards and Guidelines for Mental Health and Substance Use for specific programming.

Recommendation:

- To achieve the Commission's goal of determining appropriate funding for correctional facilities in the Commonwealth, it is recommended to narrow the scope to specific mental health and substance use programming within the correctional facilities and DOC to include the applicable standards, outcomes, costs associated to include staffing.

Standards For the Delivery of Healthcare

- Sheriffs' Facilities: National Commission on Correctional Health Care (NCCHC)
 - 10 Counties Accredited by NCCHC
 - 2 follow the NCCHC's standards
- Sheriffs' Facilities: American Correctional Association (ACA)
 - 11 Counties are Accredited by ACA
 - 2 follow the ACA's standards
- DOC: American Correctional Association (ACA)
 - Accredited

National Commission on Correctional Healthcare (NCCHC)

- **1. NCCHC's 2018 Standards for Health Services in Jails and Prisons**
- **2. NCCHC's 2015 Standards for Mental Health Services in Correctional Facilities**
- **3. NCCHC's 2016 Standards for Treatment Programs in Correctional Facilities**

(Available in PDF)


American Correctional Association (ACA)

- **1. ACA Standards For Compliance 2016 (Jails)**
- **2. ACA Standards (DOC)**

(Available in PDF)

Healthcare and Operational Standards and Accreditations				
County	NCCHC Accredited	Follow NCCHC Standards	ACA Accredited	Follow ACA Standards
Barnstable		X	X	
Berkshire	X Award Winner		X	
Bristol	X		X	
Dukes		X		X
Essex	X		X	
Franklin	X		X	
Hampden	X			X
Hampshire	X		X	
Middlesex	Pending		X	
Norfolk	X		X	
Plymouth			X	
Suffolk	X		X	
Worcester	X		X	

Mental Health and Substance Use Standards Applicable to Jails and Prisons in the Commonwealth: Regulatory and Guidance Agencies

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CMR'S: COUNTY FACILITIES

CMR's

- 103 CMR 900 Series for County Correctional Facilities
(902, 917, 918, 920, 924, 926, 932, 940, 942 and 952)
[103 CMR 900 Series](#)
- 105 CMR 164 Licensure of Substance Use Treatment Programs (There are proposed changes for this CMR) [105 CMR 164 \(Licensure of Substance Abuse Treatment Programs\)](#)
- 105 CMR 205 Minimum Standards Governing Medical Records and the Conduct of Physical Examinations in Correctional Facilities
- 105 CMR 450 Minimum Health and Safety Standards for DYS Secure Residential Facilities
- 105 CMR 451 Minimum Health and Sanitation Standards and Inspection Procedures for Correctional Facilities
- 105 CMR 470 Maintenance and Construction of Lockup Facilities
- 105 CMR 500 Good Manufacturing Practice for Food
- 105 CMR 590 State Sanitary Code Chapter X- Minimum Sanitation Standards for Food Establishments- 1999 Food Code

CMR'S: DOC FACILITIES

GENERAL

- 103 CMR 420 CLASSIFICATION
- 103 CMR 423 RESTRICTIVE HOUSING
- **103 CMR 424 PHASE TREATMENT PROGRAM (pertains to Bridgewater State Hospital)**
- 103 CMR 425 PLACEMENT REVIEWS IN SECURE TREATMENT UNITS
- 103 CMR 430 INMATE DISCIPLINE
- 103 CMR 482 TELEPHONE ACCESS AND USE

WELLPATH POLICIES DEALING WITH SUBSTANCE ABUSE AND MENTAL HEALTH

- 32.00 RECEIVING SCREENING
- 34.00 INITIAL HEALTH CARE ASSESSMENT
- 35.00 MENTAL HEALTH INITIAL APPRAISAL
- 35.01 COMPREHENSIVE MENTAL HEALTH EVALUATION
- 37.03 EMERGENCY MENTAL HEALTH ASSESSMENT
- 42.02 INTRA SYSTEM CONTINUITY OF MENTAL HEALTH CARE
- 44.01 MENTAL HEALTH DISCHARGE PLANNING
- 44.03 CONTINUITY OF MENTAL HEALTH CARE FOR INTER SYSTEM AND RETURNING PATIENTS
- 46.00 HEALTH PROMOTION AND DISEASE PREVENTION

WELLPATH POLICIES DEALING WITH MENTAL HEALTH

- 1.00 ACCESS TO CARE
- 30.04 TRANSFER TO AND FROM IMPATIENT PSYCHIATRIC SETTING
- 30.05 MENTAL HEALTH DISCHARGE PLANNING
- 32.00 RECEIVING SCREENING
- 33.00 TRANSFER SCREENING
- 35.02 MENTAL HEALTH TREATMENT PLAN PROCESS
- 35.03 CRITERIA FOR OPENING AND CLOSING MENTAL HEALTH CASES
- 35.05 MENTAL HEALTH CLASSIFICATION SYSTEM
- 37.01 REFERRAL TO MENTAL HEALTH SERVICES
- 37.04 MENTAL HEALTH CONSULTATIONS WITH REFERRALS TO PSYCHIATRY
- 39.00 HEALTH ASSESSMENT FOR PATIENTS IN RESTRICTIVE HOUSING
- 39.01 MENTAL HEALTH RESTRICTIVE HOUSING ASSESSMENT
- 51.00 SPECIAL NEEDS CHRONIC AND CONVALESCENT CARE
- 53.00 SUICIDE PREVENTION AND TRAINING
- 53.01 MANAGEMENT OF SELF-INJURIOUS AND POTENTIALLY SUICIDAL PATIENTS
- 53.02 TRANSFER OF PATIENTS OF THERAPEUTIC SUPERVISION
- 53.03 PROCEDURE IN THE EVENT OF PATIENT SUICIDE INCLUDING PSYCHOLOGICAL AUTOPSY
- 60.02 MENTAL HEALTH RECORD DOCUMENTATION
- 66.00 THERAPEUTIC SUPERVISION – MENTAL HEALTH WATCH
- 66.01 THERAPEUTIC RESTRAINTS
- 67.00 EMERGENCY USE OF INVOLUNTARY PSYCHOTROPIC MEDICATIONS
- 71.04 COURT AUTHORIZED MENTAL HEALTH TREATMENT (ROGERS ORDER)

Additional Regulatory Agencies

- **Professional Level of Care Standards/Policies**
 - American Correction Association (ACA)
 - National Commission On Correctional Health Care (NCCHC)
 - Prison Rape Elimination Act (PREA)
 - Drug Enforcement Agency (DEA) for Narcotics and MAT
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Bureau of Justice Assistance (BJA)
 - National Institute of Justice (NIJ)

 - Massachusetts Department of Mental Health as mandated in MGL Chapter 149 House Bill 1613, acts of 2004
 - Massachusetts Department of Public Health
 - Bureau of Substance Abuse Services
 - Massachusetts Department of Developmental Services

 - MGL Chapter 127, Section 118 – Pregnant & Post-Partum Women
 - Medically Assisted Treatment (Chapter 208, Acts of 2018)
 - Mass Criminal Justice Reform Act (Chapter 69, Acts of 2018)-
 - Restrictive Housing Policies
 - Transgender Inmate Policies
 - Mental Health/Serious Mental Health (SMI)

Mass Criminal Justice Reform Act (Chapter 69, Acts of 2018): **Section 86 Requirements**

- **Restrictive Housing Classification Placement Review:**
 - Multidisciplinary examination to determine whether restrictive housing continues to be necessary
 - Members shall include security, programming and mental health staff
- **Serious Mental Illness Definition**
 - To include “anxiety”
- **Review To Check On**
 - Inmate at serious risk of substantially deteriorating mentally or emotionally in RH
 - Has already deteriorated while confined in RH
 - Removal or diversion or removal as clinically appropriate

Mass Criminal Justice Reform Act (Chapter 69, Acts of 2018): Section 91 Requirements

- **Gender Identity**

- Gender Identity commissary items, clothing, programming, educational materials and personal property
- Searches - Officer of the same gender identity if strip search upon inmate's request
- Housing – in facility with inmates with the same gender identity upon inmate's request
 - Exception: Certify in writing that the placement would not ensure the prisoner's health or safety or that it would present management or security problems
 -

Mass Criminal Justice Reform Act (Chapter 69, Acts of 2018): Section 93 Requirements

- **Restrictive Housing Units Requirements**
 - Reading and writing materials unless clinically contraindicated
 - Radio or television if in RH for more than 30 days
 - Retain property in cell (security of unit can be considered)
 - Mental Health screening of inmates for SMI before they are placed in RH
 - 72 Hour Letters
 - No pregnant inmates in RH
 - Rules to be developed for ADA Inmates
 - No LGBTQI Inmates in RH Due to Status
- **Classification Board Requirement for RH Inmates**
 - Reviews Every 72 hours for SMI & PC Inmates in RH
 - Reviews Every 15 Days for Inmates Awaiting Disciplinary Action
 - Review after 6 months for disciplinary RH and then every 90 days
 - Reviews every 90 days for any other reason
- **Long Term (60 Days) Restrictive Housing**
 - 24 hour written notice to inmate of review
 - Inmate presence or written participation at hearing
 - Written documentation of evidence and reason for remaining in RH
 - Advice on how to get out of RH (programs etc.) within 15 days of initial placement and after class review

Mass Criminal Justice Reform Act (Chapter 69, Acts of 2018): Section 93 Requirements

- **Reporting Requirements of the # of RH Inmates**
 - Monthly report of how many inmates in RH
 - Annual report of # of SMI inmates overall in Jails and HOC's, # of SMI inmates held for more than 30 days
 - Annual report of reasons why in RH
 - Annual report of the number of suicide attempts and completed suicides
- **Reporting Requirements of the # of RH Inmates**
 - Annual listing of inmates with anonymized ID# with inmate's
 - Age, Race, Gender, Ethnicity, open mental health case
 - Date of D-Report and inmate's commitment to RH
 - Length of time and reasons why in RH
 - Number of classification placement reviews conducted
 - Number of inmates released after the classification placement review
- **Reporting Requirements of the # of RH Inmates**
 - Length of original disciplinary time
 - Total time served in RH as a result of classification placement review
 - Number of inmates released within 30 days of release from RH
 - Disabilities of every inmate in RH the previous 3 months
 - Number of mental health professionals working with inmates in RH
 - Number of transfers to outside hospitals directly from RH
- **RH Inmates With Less Than 180 Days Left – Group Programming**
 - Re-socialization, Interpersonal Relationships, Anger Management
 - Regular Mental Health Counseling
 - Transition, Housing Assistance, State & Federal benefits
 - Employment Readiness Training, Parenting
 - Other Re-entry Planning Services Offered to Inmates in GP
 - Re-Start

MAT: State and National Standards & Guidelines

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Chapter 208 Acts of 2018: MAT

21 Member Commission – Secretary of Health /Human Services Chair

- Pilot Program started September 1 2019
- Essex, Franklin, Hampden,
- Hampshire, Middlesex, Norfolk & Suffolk
- **Requirements:**
 - Possess, dispense and administer all MAT drugs approved by the FDA
 - Provide MAT to inmates who were receiving MAT for opioid use disorder through a legally authorized medical program or by a valid prescription immediately before incarceration
 - Only a qualified addiction specialist, as defined in section 1 of chapter 127 of the General Laws, that the treatment is no longer appropriate;

Chapter 208 Acts of 2018: MAT

- **Qualified Addiction Specialist'**
 - A physician licensed by the board of registration of medicine
 - A licensed advanced practice registered nurse or a licensed physician assistant
 - A qualifying practitioner or qualifying other practitioner, as defined in the federal Controlled Substances Act,

Chapter 208 Acts of 2018: MAT

- **Requirements**

- Provide MAT not less than 30 days prior to release to a sentenced inmate for whom such treatment is determined to be medically appropriate by a qualified addiction specialist
- Provide behavioral health counseling for individuals consistent with current therapeutic standards for these therapies in a community setting; provided, however, that those standards shall be consistent with the safety and security requirements of the facility;

Chapter 208 Acts of 2018: MAT

- **Requirements**

- Not use incentives, rewards or punishments to encourage or discourage a person's decision to receive medication-assisted treatment while in the custody of the facility;
- Connect inmates receiving MAT to local community provider or treatment site or document efforts if you can't
- MassHealth benefits for inmates receiving MAT not less than 30 days before release

Chapter 208 Acts of 2018: MAT

- **Requirements**

- Status report every 6 months
 - The cost of MAT, behavioral health counseling and post-release case management
 - The type and prevalence of MAT provided
 - # of inmates who continued to receive the same MAT
 - # of inmates who voluntarily changed or discontinued MAT
 - # of inmates who changed or discontinued MAT due to addiction specialist
 - Summary of facility MAT practices (and any changes)
 - List of program participants to go to DPH

National Standards & Guidelines: Substance Use

(this list is in no way exclusive-it is merely a sample of the outstanding standards, promising practices and guidance in the industry)

- **Jail Based-Medication Assisted Treatment: Promising Practices, Guidelines and Resources for the Field** (NSA/NCCHC/NIC/BJA/SAMHSA/ONDCP/NIDA/Advocates for Human Potential) <http://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>
- **Medication Assisted Treatment for Opioid Use Disorder in Jails & Prisons: A Planning & Implementation Toolkit** (National Council for Behavioral Health/Vital Strategies/John Hopkins University/Centers for Disease Control & Prevention) https://www.vitalstrategies.org/wp-content/uploads/MAT_in_Jails_Prisons_Toolkit.pdf
- **MAT Inside Correctional Facilities: Addressing Medication Diversion** <https://store.samhsa.gov/product/mat-inside-correctional-facilities-addressing-medication-diversion/PEP19-MAT-CORRECTIONS>
- **Use of Medication Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings: Evidence Based Resource Guide (SAMHSA)**
- **ONDCP: Rural Community Action Guide: Building Stronger, Healthy, Drug-Free Rural Communities** <https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf>
- **SAMHSA: Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide** <https://store.samhsa.gov/product/Guidelines-for-Successful-Transition-of-People-with-Mental-or-Substance-Use-Disorders-from-Jail-and-Prison-Implementation-Guide/SMA16-4998>
- Residential Substance Abuse Treatment (RSAT)
- **Women in Substance Abuse Treatment: Results from the Alcohol and Drug Services Study (ADSS)** <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.439.783&rep=rep1&type=pdf>
- **National Institute of Corrections Library** <https://nicic.gov/all-library-items>
- **National Institute on Drug Abuse** <https://www.drugabuse.gov>
- **American Society of Addiction Medicine** <https://www.asam.org/>



JAIL-BASED MEDICATION-ASSISTED TREATMENT

PROMISING PRACTICES, GUIDELINES,
AND RESOURCES FOR THE FIELD

Promising Practice Guidelines for Jail-Based Medication-Assisted Treatment

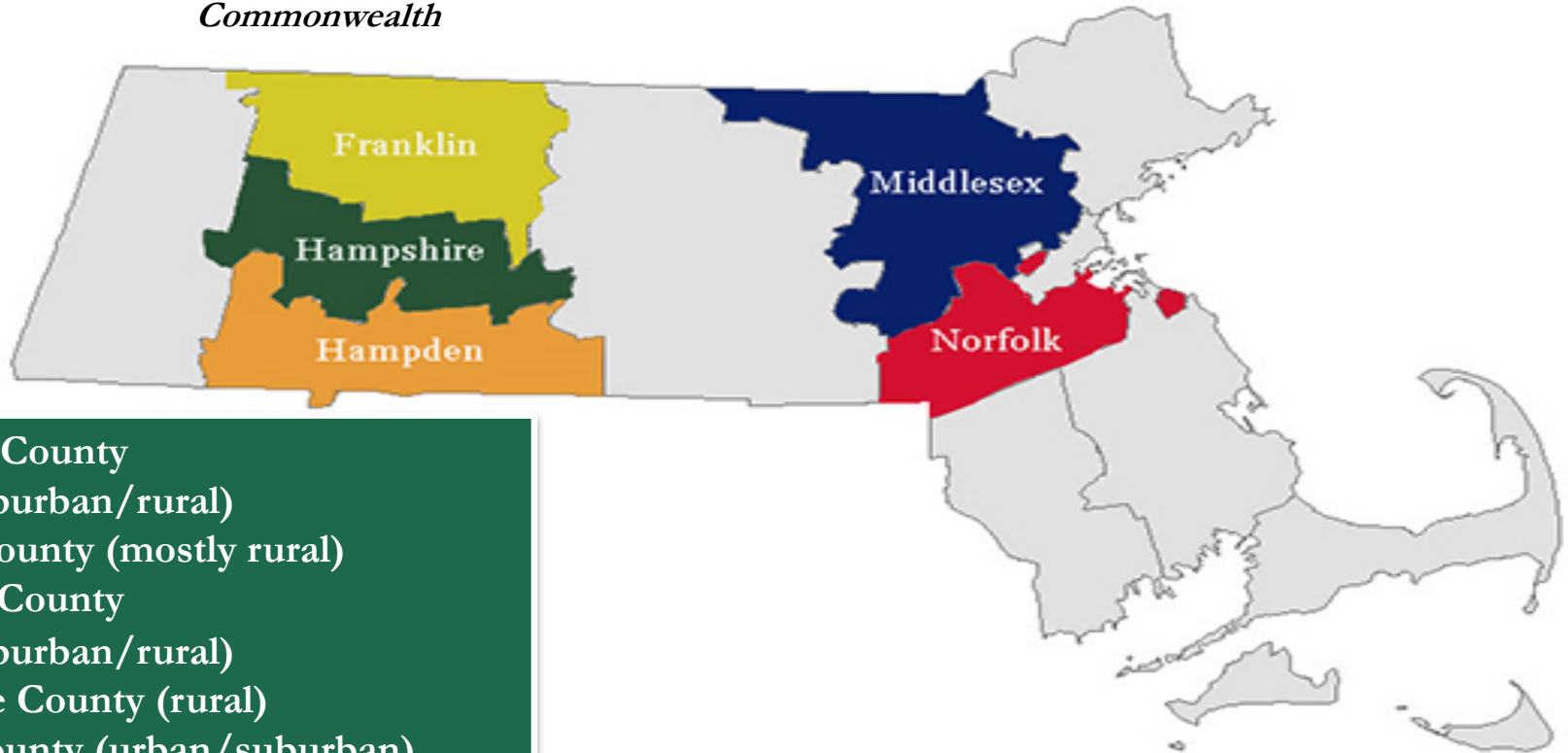
- **NSA partnered with multiple federal agencies including the National Institute of Corrections (NIC), Bureau of Justice Assistance (BJA), the Substance Abuse, and Mental Health Services Administration (SAMHSA); national professional organizations including the National Commission on Correctional Health Care (NCCHC); and individual experts and practitioners to develop and disseminate guidelines for implementing MAT programs as a standard of care for substance use disorder treatment in jail settings.**
- **These guidelines have been developed to help institutional and community correctional agencies ensure access to MAT for individuals with alcohol and opioid use disorders, under probation supervision, when they enter jail before trial or after being sentenced, and when they are released into the community.**
- **Research has begun to show that adding MAT to the treatment of individuals involved in the criminal justice system not only increases the likelihood of successful treatment, but also reduces recidivism.**
- **Middlesex County Sheriff's Office is one of the 5 Centers of Innovation Highlighted. Matador 3.0.**
- **It has been one of the leading guides for jails nationally.**
- **Direct Link to PPG:** <http://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>

MAT Pilot in the Commonwealth

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Sheriffs' Offices Participating in Four Year Pilot*

** Pilot programs are subject to appropriations by the Commonwealth*



Middlesex County
(urban/suburban/rural)
Franklin County (mostly rural)
Hampden County
(urban/suburban/rural)
Hampshire County (rural)
Norfolk County (urban/suburban)
Suffolk (urban)
Essex Counties
(urban/suburban/rural)

Medication and Program Participation

- **Provide access** to all FDA-approved MAT (now: methadone, buprenorphine, and naltrexone).
- **Provide maintenance** to all those in facility on any status (pre-arraignment/pre-trial/sentenced) with a verified MAT prescription.
 - Unless determined otherwise by a qualified addiction specialist:
 - a physician licensed by the board of registration of medicine, a licensed advanced practice registered nurse or a licensed physician assistant;
 - a qualifying practitioner or qualifying other practitioner, as defined in the federal Controlled Substances Act, as codified at 21 U.S.C. 823(G), who has an US DEA identification number.
- **Provide induction** 30 days prior to release to any ***sentenced*** individual deemed medically appropriate by a qualified addiction specialist.

Treatment/Programming

- **Provide behavioral health counseling** (as defined by section 1 of chapter 127 of the MA General Laws) consistent with standards in the community, as long as it doesn't compromise the safety and security of the facility.
- **Voluntary:** Cannot use rewards or other incentives to encourage/discourage participation.
- **Endeavor to connect all participants** (both receiving maintenance and induction) to care post-release in the community they intend to reside.
 - Document if not possible.
- **Enroll in Medicaid** 30 days prior to release.
 - Suspension vs. termination of benefits.

Reporting Requirements

Report the following to MA Department of Public Health (DPH) every six months:

- Cost of providing MAT, behavioral health counseling, and post-release case management.
- What types of MAT are being utilized and how often?
- How many use the same MAT treatment prior to incarceration?
- How many voluntarily changed or discontinued their MAT treatment?
- How many changed or discontinued their treatment based on the clinician's recommendation?
- How many individuals received induction 30 days prior to release?
- A summary of facility changes necessary in order to accommodate MAT.
- Provide a list of program participants to DPH to track outcome data post release.

Implementation Plans

Plans should consider the following:

- **Best practices.**
- **Uniform guidelines** to ensure safety and security of the facility during the administering of MAT and behavioral health counseling.
- **Cost of administering** of MAT and behavioral health counseling.
- **Health insurance coverage**, including Medicaid.
- **Technical medical assistance** that may be required by DPH to safely administer MAT (compliance with state laws).
- **Availability of appropriate community services** after release close to where participants will reside.
- **Metrics for evaluating and tracking** pilot program outcome data.

Implementation/Effective Dates

Department of Public Health evaluated and approved implementation plans for pilot sites.

March 1, 2019: DPH established protocols regarding participant consent/education:

1. Benefits and risks of MAT
2. Alternative treatments
3. Provide clinician a list of other medical conditions
4. Withdrawal information and options

August 1, 2019: Approved plans were sent to relevant legislative committees 30 days prior to implementation.

Sept. 1, 2019: Programs implemented

MAT Pilot Costs:

Facility	FY2021	FY2022
Essex	\$2,077,828	\$2,944,175
Franklin	\$1,415,634.02	\$1,323,424.72
Hampden	\$4,051,402	\$4,474,402
Hampshire	\$ 479,878	\$512,500
Middlesex	\$2,513,097	\$2,513,097
Norfolk	\$1,216,248	\$1,444,997
Suffolk	\$3,840,120	\$4,043,970
DOC	\$7,015,891.00	\$10,941,449
Totals		



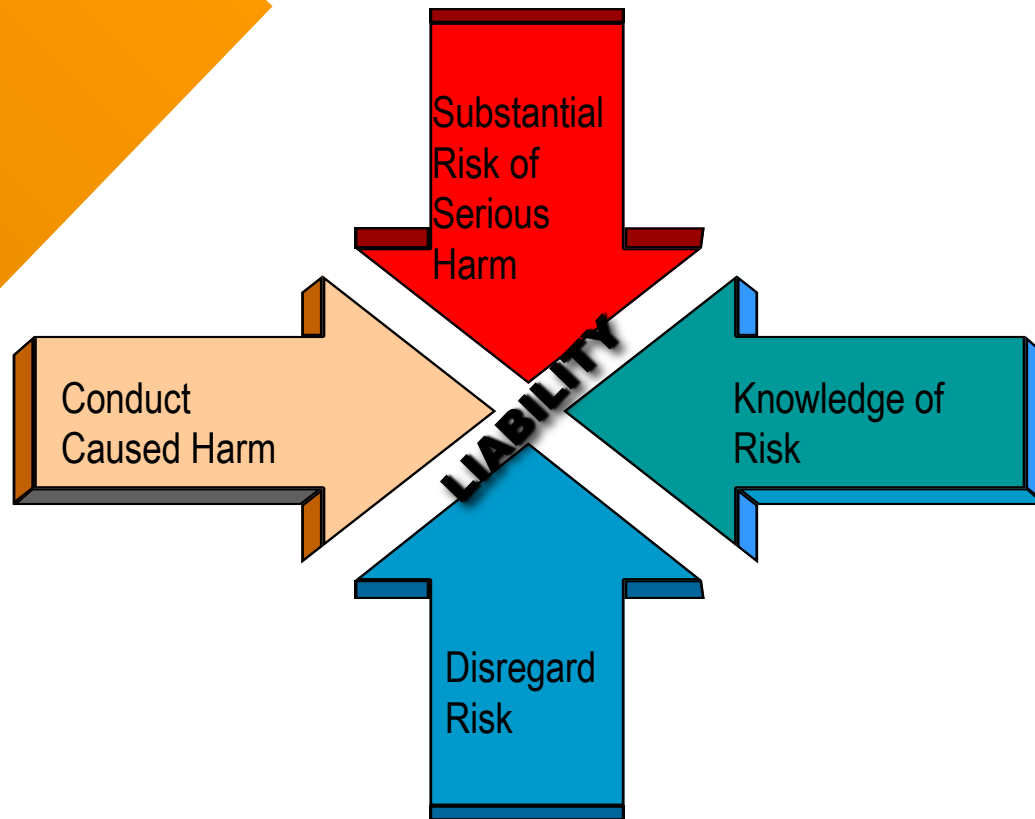
Legal Standards

Legal Landscape

- “Increasingly, jurisdictions across the nation are establishing the provision of evidence-based treatment for SUD within correctional facilities as a legal requirement.
- The legality of denying access to medications for OUD in correctional facilities has been challenged in courts as unconstitutional under the Eighth Amendment’s prohibition on cruel and unusual punishment and as a violation of federal civil rights laws. The Eighth Amendment, the Americans with Disabilities Act (ADA) and the Rehabilitation Act are the most frequently cited legal authorities for providing MAT to qualifying inmates.”

The

STANDARD



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Deliberate Indifference Test

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The ADA II

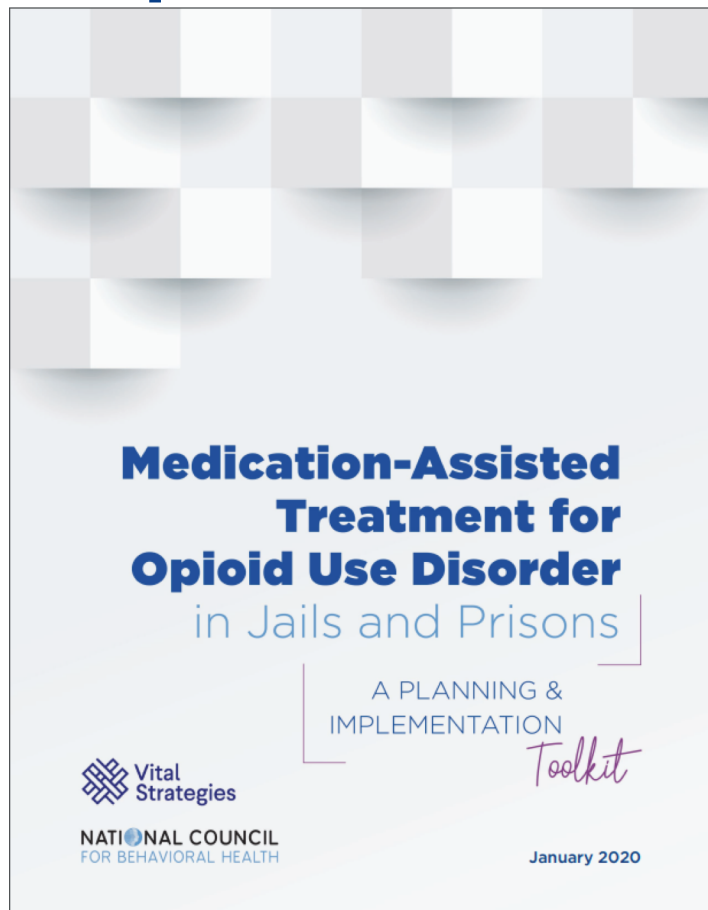
STANDARD



ADDITIONAL RESOURCES

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Medication Assisted Treatment for Opioid Use Disorder in Jails & Prisons



[https://www.vitalstrategies.org/wp-content/uploads/MAT in Jails Prisons Toolkit.pdf](https://www.vitalstrategies.org/wp-content/uploads/MAT%20in%20Jails%20Prisons%20Toolkit.pdf)

- **Mentioning the Franklin County Sheriff's Office MAT Program**
 - Examples of some of the tools and resources found in the toolkit include:
 - Guidance from relevant professional associations.
 - Screening and assessment tools.
 - Strategies to reduce medication diversion.
 - A table to help estimate the total MAT patient population.
 - A calculator to estimate the costs of providing buprenorphine.
 - A flowchart on how to become an opioid treatment program.
 - A list of no-cost training resources.
 - Sample forms for patient information and consent.
 - Sample policies and operating procedures.
 - Sample monitoring and evaluation metrics.

SAMHSA

EVIDENCE-BASED RESOURCE GUIDE SERIES

Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings



- <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matusecjs.pdf>
- 1. Use of MAT in Criminal Justice Settings;
- 2. Effectiveness of MAT in Criminal Justice Settings;
- 3. **Examples of MAT (featuring Massachusetts DOC AND Middlesex County Sheriff's Office)**
- 4. Addressing Challenges to Implementing Evidence-Based Practices & Programs;
- 5. Resources to Support Effective use of MAT
- 6. **Hampden County** Applies the motivational Interviewing (MI), as described in SAMHSA's EBPs as a well-researched practice that has proven successful in assisting individuals in making lifestyle changes and was originally designed as an application for the treatment of addictions. A core principle of MI is meeting the client "where they are," i.e., letting the patient identify their own readiness for change (utilizing The Stages of Change assessment model).

ONDCP: Rural Community Action Guide: Building Stronger, Healthy, Drug-Free Rural Communities



<https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf>

Key Components For Consideration in SUD Treatment and Recovery

- A. Provide for a substance use disorder screening and assessment for each individual upon intake, using evidenced-based tools to assess the risk of overdose or withdrawal and to determine treatment options.
-
- B. Provide medically managed withdrawal for benzodiazepines, stimulants, heroin, alcohol, and opioids consistent with evidence-based medical standards.
-
- C. Provide all FDA approved medication-assisted treatment options for individuals with substance use disorder, including both alcohol use disorder and opioid use disorder, for treatment of withdrawal, maintenance therapy and relapse prevention; and
-
- D. Include comprehensive behavioral treatment options for clients that involve recovery groups, individual and group counseling and clinical support.
-
- E. Coordinate with representatives of local recovery communities, medical providers, and others to offer case management, transitional and peer support, medication management, re-entry planning, and comprehensive treatment options to clients after release.
-
- E. Provide initial and ongoing training and technical assistance for correctional setting staff and health care practitioners in each facility in order to carry out the purposes of the program.
-
- F. Track data and outcomes of program participants to understand the effectiveness of the program.

National Standards & Guidelines: Mental Healthcare

(this list is in no way exclusive-it is merely a sample of the outstanding standards, promising practices and guidance in the industry)

- **CJI: Prison Mental Healthcare: Overview of Best Practices** (2020)
- **Standards for Mental Health Services in Correctional Facilities** (NCCHC 2015)
- **SAMHSA: Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide**
<https://store.samhsa.gov/product/Guidelines-for-Successful-Transition-of-People-with-Mental-or-Substance-Use-Disorders-from-Jail-and-Prison-Implementation-Guide/SMA16-4998>
- **Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery** (Osher, D'Amora, Plotkin, Jarrett, & Eggleston, 2012),
<https://csgjusticecenter.org/publications/behavioral-health-framework/>
- **Psychiatric Services in Correctional Facilities.** (The American Psychiatric Association) (APA)
https://www.appi.org/psychiatric_services_in_correctional_facilities_third_edition
- **Treatment Advocacy Center** <https://www.asam.org/>
- **Council of State Governments** <https://csgjusticecenter.org/topics/corrections/>
- **Stepping Up Initiative** <https://stepuptogether.org/> (CSG, NACo, American Psychiatric Association)

PRISON MENTAL HEALTHCARE: OVERVIEW OF BEST PRACTICES

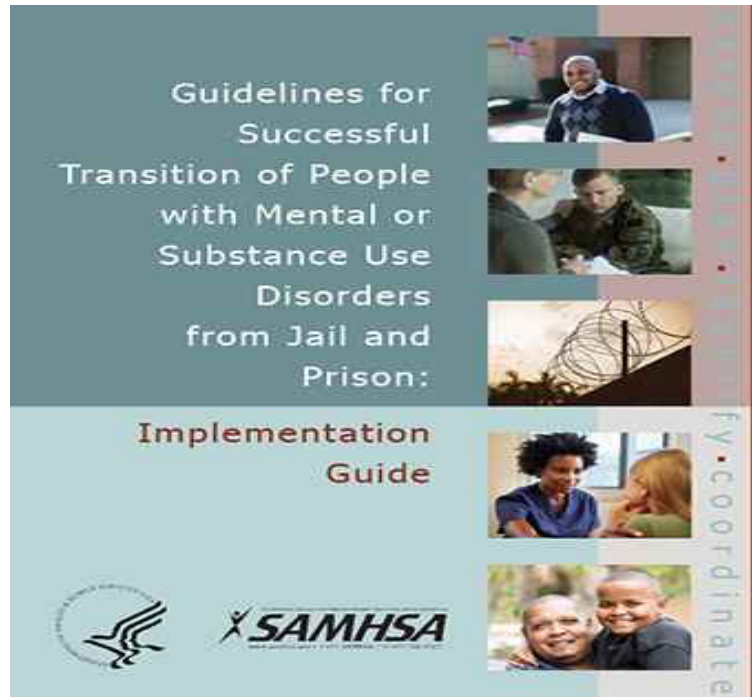
(December 2020)

- **The American Psychiatric Association's 2000 guidelines require the following:**
 - **A crisis intervention program** with infirmary beds available for short-term treatment (less than 10 days).
 - **An acute care program** (inpatient treatment for inmates with significant psychiatric symptoms that interfere with their ability to care for themselves).
 - **A chronic care program** (a special housing unit for inmates with a chronic mental illness who do not need acute inpatient care but cannot function adequately within the general population).
 - **Outpatient treatment** services.
 - **Consultation services** (including consultation with other prison officials and departments and the training of officers and program staff).
 - **Discharge/transfer planning** (including both transfer to other institutions and release to the community).

- **NCCHC's standards which include:**
 - Inmates must be **screened for mental health** problems by a qualified health professional within 2 hours of admission.
 - Inmates must be **informed within 24 hours** of arrival of the types of mental health services available and how to access them.
 - Inmates must have a **health appraisal within 7 days of arrival** that includes taking a history of any prior mental health problems, hospitalizations, psychotropic medications, suicide attempts, and alcohol and other drug abuse.
 - Inmates must receive a **mental health evaluation** within 14 days of arrival that includes a complete mental health history and current mental status and screening for mental retardation and other developmental disabilities.
 - **Treatment plans must be created** for inmates who are identified as having serious mental health needs and who are developmentally disabled.
 - Inmates should be **seen by a qualified professional** within 48 hours of a request for nonemergency mental health services (72 hours on a weekend).
 - Prison procedures **must address psychiatric emergencies and suicide attempts.**
 - **Mental health treatment should occur in private** (except for high security risks) and with respect for the offender's dignity and feelings.

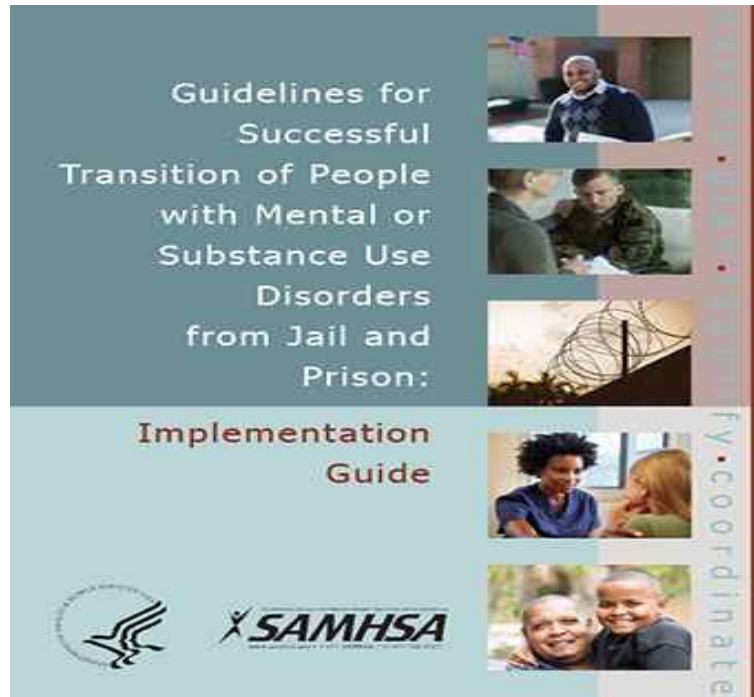
- **Best Practices from Research:**
 - Expand and Improve Mental Health & Suicide Screening;
 - Expand Mental Health Services;
- **Best Practices for State:**
 - Expand Mental Health Training for Staff;
 - Improve Mental Health Treatment Services;
 - Expand In-Custody Reentry Planning;
 - Monitor Performance.

SAMHSA



- The purpose of the guidelines is to provide behavioral health, correctional, and community stakeholders with examples of the implementation of successful strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community.
- **The Franklin County Sheriff's Office is featured as a national demonstration site.**

SAMHSA



- The Framework:
 - Assesses the Individual's clinical and social needs and public safety risks;
 - Plan for the treatment and services required to address the individual's needs (while in custody and upon reentry);
 - Identify required community and correctional programs responsible for post-release services;
 - Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services.

PROGRAMMING EXAMPLES: APPLYING THE STANDARDS

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Franklin County Sheriff's Office



The FCSO offers mindfulness-based, trauma-informed treatment for all sentenced and pre-trial inmates. Sentenced inmates who are detained for 6-8 months will receive 200+ hours of treatment¹.



SAMHSA
Substance Abuse and Mental Health
Services Administration

Program Spotlight: ATAR-Y *Addiction Treatment and Recovery*²

- ATAR-Y is a contingency management group for clients who receive Medication for Opioid Use Disorder
- The group uses an Acceptance and Commitment Therapy approach to opioid use treatment
- Participants who actively participate are eligible for a raffle draw to receive a small prize
- The group continues after release in the community and focuses on supporting recovery from substance use
- Annual program cost: 1 social worker position \$55,000 and prizes \$500; funded through a SAMHSA grant



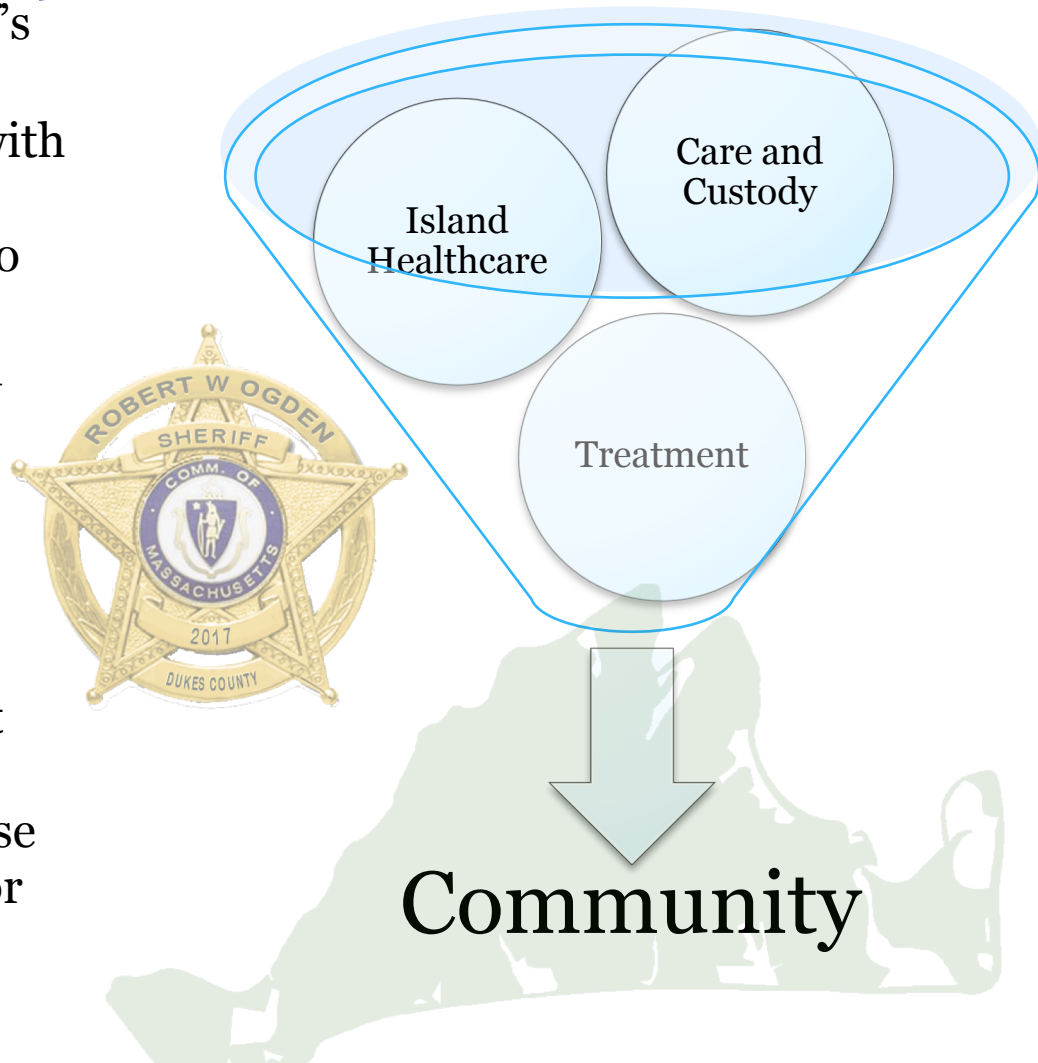
References: 1. George Mason University: Center for Advancing Correctional Excellence. *Issue Brief: The Technical Background of the Risk, Need, Responsivity (RNR) Simulation Tool*. (2013)

2. Roll, J. et al. (2009) *Facilitating the Adoption of Contingency Management for the Treatment of Substance Use Disorders*. Behavior Analysis Practice 2009 Spring; 2(1):4-13

Dukes County Sheriff's Office

The Dukes County Sheriff's Office uses recovery coaching in conjunction with Island Healthcare for incarcerated individuals to provide a connection to community resources and offer a one on one plan to build skills and explore recovery options.

This is one of the many programs offered to assist individuals with mental health and substance abuse treatment and recovery for reintegration into their community.



* The above program falls under SAMHSA, BSAS, and CCAR standards. DCSO utilizes many different programs falling under NCCHC, and DPH guidelines, while maintaining compliance with the Code of Massachusetts Regulations.



CLEAN AND SOBER EXISTENCE CASE UNIT

MALE AND FEMALE CASE UNIT

Assistant Director Alex Bergen shown in CASE Unit

CASE PROGRAM DESCRIPTION

- Serves pre-trial inmates who have acute substance abuse issues and who, for the most part, have been accused of committing quality-of-life crimes
- Spectrum Health Systems Case Managers provide each participant with a recommended reentry plan which is provided to the court
- If the plan is accepted, then the recommendation may be part of the participant's condition of release
- Upon completion of the 28-day treatment program, they may be able to dispose of their cases and utilize non-custodial tools as opposed to traditional incarceration.
- Vivitrol is the only MAT option that participants can be referred to upon release



Assistant Director Alex
Bergen (R) working
with an inmate



BENEFITS OF PARTICIPATING IN CASE

The units focus on five pieces of inmate care:

- A highly structured, curriculum-based program
- Case management services
- Mental health services as needed
- Court recommendation from Spectrum clinical staff for aftercare planning
- Medical staff on site



STAKEHOLDERS AND PARTNERING AGENCIES

- People who successfully complete the program may be recommended to continue with services such as:
 - Probation
 - Office of Community Corrections
 - Sober housing
 - Residential Treatment (ex: Salvation Army, Link House, Ryan House)
 - Outpatient Treatment (ex: Haverhill SOAP program, Oxford IOP, Lahey IOP)
 - EMAT



A man in a blue shirt and tie stands in a hallway. On the wall behind him is a sign that reads: "NOT ALL STORMS COME TO DISRUPT YOUR LIFE, SOME COME TO CLEAR YOUR PATH." The hallway has white walls, a white pillar, and a window with horizontal blinds. A counter is visible in the foreground.

MEDICATION ASSISTED TREATMENT MAT PROGRAM

Assistant Superintendent Specialized Reentry Services Jason Faro

PROGRAM DESCRIPTION

On September 1, 2019 The Essex County Sheriff's Department officially launched full MAT services to include the administration of Buprenorphine/Subutex, Methadone and Naltrexone/Vivitrol. Services as required by the Department of Public Health (DPH) are comprehensive in design to include medically supervised dosing and clinical services for individual and group counseling. Other required clinical services included discharge planning to preserve a continuum of care to patient communities.



ECSD's MAT
staff



REQUIREMENTS

- **As mandated by the 2018 Act for the Prevention and Access to Appropriate Care and Treatment of Addiction, the Essex County Sheriff's Department shall:**
 - Maintain the capacity through required federal and state licensing to possess, dispense and administer all medications approved by the federal Food and Drug Administration for use in medication assisted treatment for opioid disorder
 - Provide medication assisted treatment to a person in the custody of the facility, who was receiving medication assisted treatment for opioid use disorder through a legally authorized medical program or by a valid prescription immediately before incarceration
 - Provide medication assisted treatment not less than 30 days prior to release to sentenced inmates in ECSD custody
 - Provide as part of the facility's opioid use disorder treatment program, behavioral health counseling
 - Make every possible effort to directly connect, prior to release, a person receiving treatment to an appropriate provider or treatment site in his/her geographic region in which the person will reside



Opened: September 1, 2019

- **706** inmates received Methadone/Subutex Treatment during this Fiscal Year (09/01/2019 to 08/31/2020)
- **860** inmates received MAT Treatment (All 3 Forms) during this Fiscal Year (09/01/2019 to 08/31/2020)

	Subutex	Methadone	Vivitrol	Total
	Includes inmate data for maintenance and induction			
September 2019	44 (47.8%)	27 (29.3%)	21 (22.8%)	92
October 2019	49 (51.0%)	15 (15.6%)	32 (33.3%)	96
November 2019	49 (52.1%)	23 (24.5%)	22 (23.4%)	94
December 2019	35 (49.3%)	17 (23.9%)	19 (26.8%)	71
January 2020	63 (60.6%)	20 (19.2%)	21 (20.2%)	104
February 2020	60 (59.4%)	22 (21.8%)	19 (18.8%)	101
March 2020	57 (60.6%)	24 (25.5%)	13 (13.8%)	94
April 2020	27 (81.8%)	2 (6%)	4 (12.2%)	33
May 2020	29 (85.3%)	5 (14.7%)	0 (0.0%)	34
June 2020	33 (76.7%)	8 (18.6%)	2 (4.7%)	43
July 2020	34 (65.4%)	17 (32.7%)	1 (1.9%)	52
August 2020	34 (73.9%)	12 (26.0%)	0 (0.0%)	46
Total	514 (63 %)	192 (23.6%)	154 (18.9%)	860





Hampden/Middlesex County Evaluation and Stabilization Units

- The Evaluation and Stabilization Unit (ESU), also referred to as an inpatient treatment, are mental health programs located in Hampden County (serving counties Worcester West) and Middlesex County (serving the Eastern counties).
- **Mental Health staff operate the ESU in conjunction with correctional staff for inmates in need of medication stabilization, increased support or close observation due to mental health symptoms, or in psychiatric crisis due to mental health or environmental stressors.**
- An admit to the ESU is necessary for inmates who are unstable, pose a threat to self/others, or due to their mental health symptoms are unable to function in general population. Inmates admitted to the ESU are seen multiple times by Treatment Team for medication evaluation and monitored closely by ESU Mental Health Staff.
- **A respite on the ESU consists of a 24-hour stay on the unit. This service offers inmates a chance to take a “break” from their housing pod, and utilize mental health staff and mental health groups to help with coping. Respite can be longer than 24-hours, provided the ESU supervisor (MH Manager or the Clinical Director) has approved it is clinically indicated. Respite do not see Treatment Team while on the ESU.**
- **Mental Health Clinician (MH Clinician):** Specialized staff that are trained in counseling, mental health, psychology, social work and by virtue of their training, education and or credentials are qualified to perform mental health evaluations including but not limited to diagnostic and risk assessments and to provide ongoing mental health treatment.
- **Mental Health Counselor (ESU MH Counselor):**
- Specialized staff who are trained in dealing with various mental health needs of Inmates on the ESU. Staff is expected to have an understanding of various mental health diagnoses and treatments. Mental Health Counselors staff the ESU between the hours of 7am and 11pm.

Staff are supervised by the Clinical Supervisor under direct supervision of the Mental Health Director.

The ESU programs are audited yearly by the Department of Mental Health.

BARNSTABLE COUNTY SHERIFF'S OFFICE



Shock Unit - Residential Substance Abuse Treatment Program

Commonly known as the Shock Unit, the **RSAT Program** is housed apart from the general correctional population. The RSAT Program is a military-based therapeutic community incorporating discipline, respect for authority, and a coordinated approach involving treatment, education, and security staff. **The treatment component integrates cognitive behavioral therapy, life skills training, and substance abuse treatment.** Using a structured curriculum proven by research to be effective, participants learn skills in the following areas: anger management, relapse prevention for addiction and other anti-social behaviors, problem solving, communication, and parenting. Admission to the program is voluntary, and inmates must have a sentence long enough for them to complete a minimum of six months in the program.

Research on the male RSAT Program sponsored by the **National Institute of Justice** has proven that offenders who complete a six-month residential substance abuse program at the **Barnstable County Correctional Facility** experience a **significant reduction in recidivism during the three years following release, as compared to those who did not complete the program, and those who had no treatment.**

In 2014, the **BCCF RSAT Program** was selected as a **National Mentor Host Site** during a selection process sponsored by the **Bureau of Justice Assistance**. As a Mentor Host Site, Barnstable's RSAT Program hosted a two-day work shop for RSAT personnel from Rhode Island, Connecticut, New Hampshire, and Massachusetts. The Bureau of Justice Assistance also provided funding for a training video of the Barnstable County RSAT Program. This video can be viewed on the BJA website <https://www.bja.gov/> or by visiting the RSAT website www.rsat-tta.com.

In keeping with a team approach to treatment and security, both uniformed and non-uniformed RSAT staff interacts consistently following standard operating procedures in their interaction with community members. Emphasis in the program is placed on accountability, building pro-social peer support, and learning and practicing social skills that will decrease their chance of engaging in future criminal activity and substance abuse/addiction.

Education is mandatory for all RSAT community members. All participants who do not have a high school diploma or Hi-SET are mandated to attend classes in order to prepare them to successfully pass the Hi-SET exam. Those participants who have already obtained their GED or high school diploma have the opportunity to improve their levels of achievement in reading, mathematics, and English and/or enroll in a college course through Cape Cod Community College. **Students are tested to find their educational level and needs, and depending on results, and attend specific classes that match their developmental level.**

In addition to regular programming, inmates participating in the RSAT program who have special mental health needs are offered **specialized treatment by our mental health services** which is comprised of a licensed social worker and/or licensed mental health counselor.

Elective offerings for the RSAT Program provided on a rotating basis by BCCF staff are: relapse prevention class, anger management, goal-driven writing, job readiness, and trauma & resiliency. Additional elective offerings for the RSAT Program provided by outside facilitators and volunteers are: Raising Healthy Families/Parenting Skills, Mindfulness-Based CBT, Health Education, and Financial Literacy.

The RSAT Program utilizes progressive privileges. Peer leadership is provided by squad leaders selected by staff and based on a participant's performance and ability to role model pro-social behaviors.

Aftercare services for RSAT Program graduates are offered through BCCF program staff at our facility's Pre-Release Center (Pod L) and the worker's unit (Pod J). In addition, upon their return to the community, RSAT graduates may also attend one of the weekly Aftercare groups that are facilitated by BCCF program staff and take place at the PIER Recovery Center in Hyannis and at Falmouth Human Services in Falmouth. The treatment staff has close working relationships with local Probation/Parole Officers and classification staff.

The RSAT program is dedicated to ensuring public safety by reducing recidivism through effective offender programming.

We request that a participant in the Shock Program is not paroled prior to his completion date. Research indicates that those who do not finish the program have a significantly higher rate of recidivism.



BRISTOL COUNTY SHERIFF'S OFFICE

- The Bristol County Sheriff's Office is ACA Accredited & NCCHC Accredited



BRISTOL COUNTY SHERIFF'S OFFICE

- **Dartmouth Behavioral Unit (DBU) & Dartmouth Women's Behavioral Unit (DWBU)**

DBU Mission Statement

- To establish a specialized placement for those inmates who engage in repeated disruptive and/or self-harming behaviors that impairs daily functioning in general population and in a restrictive unit. The DBU provides enhanced mental health treatment and behavioral interventions to inmates who demonstrate an inability to maintain behavioral control, engage in self-injurious and/or obtain frequent disciplinary sanctions.

Program Goal

- **The goal of the specialized housing unit is to decrease behaviors that result in disciplinary reports, rule infractions and related sanctions for incarcerated individuals with mental illness.**
- This includes reducing assaultive behavior on peers and staff, reducing need for crisis care, reducing suicide attempts and non-suicidal self-injurious behavior, and reducing hospitalizations.
- Evidenced based clinical interventions are utilized to address program treatment goals. Treatment goals are to increase/develop self-efficacy, decrease maladaptive behavior and adapt to the difficult jail environment with the use of their newly acquired and/or rediscovered skills. **Treatment goals address transition to a general population unit and better prepare inmate for eventual release back to the community.** Inmates who successfully complete the DBU program will be eligible to be assigned to a general population unit. Completion of the program evidences the participant's ability to maintain safety for self, peers, and staff.

Program Overview

- In maintaining compliance with the standards of segregated inmates outlined by the **National Commission on Correctional Health Care (NCCHS)**, a review of each referred inmate's health care record is completed prior to and upon arrival into the program. Programming and care is carefully coordinated and implemented upon lengthy review with multidisciplinary colleagues. Participants are monitored at least 3 days a week and offered 2 hours of out-of-cell programming daily during the week and 1 hour a day on the weekend. Documentation of the individual's progress, prior to transition to a general population unit, is completed weekly. It is an incentive based program that encourages use of adaptive skills for optimal individual functioning. The program is structured in three phases that participants have the ability to progress through. Demonstrated progress in treatment allows participants to earn points for use towards increased privileges. These privileges include but are not limited to extra recreation, stamped envelopes, and canteen purchases. **This specialized unit allows participants to build rapport in a safe area with increased access to care and programming that is provided on a daily basis.**
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BRISTOL COUNTY SHERIFF'S OFFICE

- DBU & DWBU costs associated with instituting this program.
- \$10,000 to retrofit the cells to be more suicide resistant by installing larger cell windows and adjustment to the bunks.
- \$145,000 Staffing for the program is one Correctional Officer on three Shifts.
- \$130,000 for one DBU Mental Health Coordinator and support staff clinicians.
- \$7,500 for 3 Re-Start Chairs for Inmate Programing.
- \$10,000 for yearly supplies and incentives.

Hampden County Sheriff's Western MA Recovery and Wellness Center



- WMRWC is 145 bed, minimum security, community-based, correctional facility.
- **The philosophy of the program incorporates an integrated model of education, treatment, and support to promote recovery and sustained community re-entry through evidenced-based, trauma informed interventions and programs.**
- Multiple phases of treatment including: individual counseling, group work (process and psycho-educational), re-entry planning, vocational training/ community restitution, and work release.
- Annual Cost to run the program: \$6,500,000



The Hampshire Sheriff's Office



Regional Lock-Up

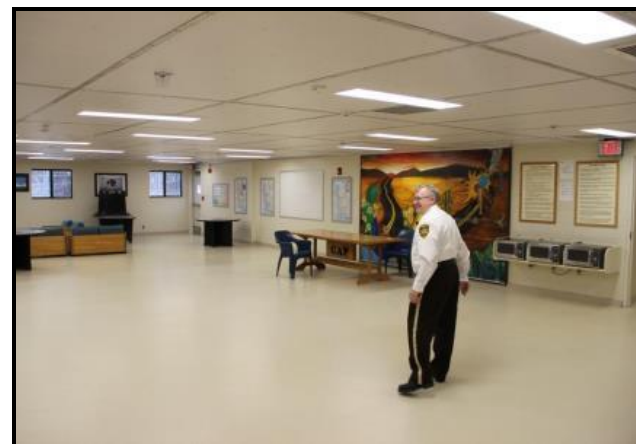
- ❖ Medical and mental health triage, risk assessment and stabilization services provided in the HSO's Regional Lock-Up;
- ❖ Case Managers are assigned from Day One when the men in the HSO's care enter the facility;
- ❖ MAT and other intensive treatment programs provided in the HSO's newly repurposed Modular Units;
- ❖ Men prepare to re-enter their community at our Bridge to the Future House, the HSO's community-based work-release program, designed for 16 men to accommodate COVID-19 precautions.



Jail Housing



Bridge to The Future House



Modular Units



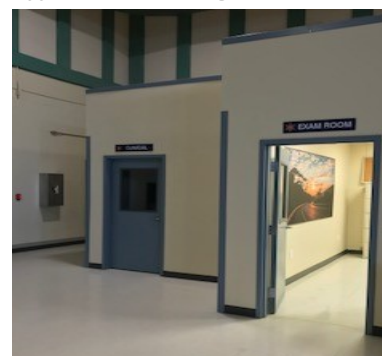
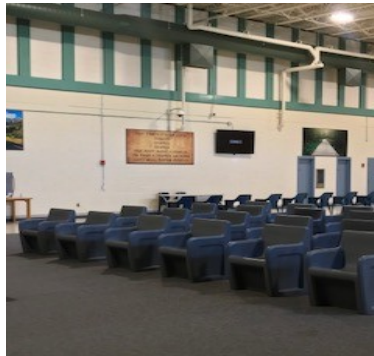
The Norfolk County Sheriff's Office Road to Recovery (RTR)

The NSO team opened the Road to Recovery (RTR) in September 2019, which functions as a transitional programming unit and encompasses a wide array of services that includes:

- A structured therapeutic environment for all offenders diagnosed with substance use disorder (SUD).
- Specialized staff ensure continuity of care from admission to discharge.
- **Dedicated behavioral health clinicians assigned to the RTR unit. Throughout the day, running focus groups to address clinical and substance use needs. Group curricula is designed around cognitive behavioral treatment, opioid use risk management, coping skills, building positive support systems, increasing insight into behavioral patterns, identifying triggers for substance use, etc.**
- **Recovery coaches are assigned to offenders almost immediately** upon incarceration to provide support and advocate for individuals as they begin their process of recovery, health and wellness in their community.
- NSO collaborates with Spectrum to provide methadone treatment in accordance to OTP regulations set forth by the DEA.
- Expanded pre and post release services through the Gavin Foundation to bridge the gap from corrections to community.
- Expanded our working relationship with Manet Community Health to ensure all offenders have the opportunity to receive overdose prevention training and a Narcan kit upon release.
- Work closely with the Quincy Drug Court to ensure a smooth transition back to the community.
- Individual counseling sessions and therapeutic supports that focus on patient centered needs, solution-focused learning and specific case elements.
- Created protocols to ensure patients are monitored for medication compliance.
- Weekly team meeting are held with medical, security, parole, classification and program staff to achieve a cohesive and unified treatment plan/approach.

To ensure all regulations are maintained and principles are adhered to, NSO follows standards set forth by the CMR's, DPH, NCCHC, ACA, SAMHSA and PREA.

To date, the RTR has serviced 821 offenders diagnosed with a SUD.



Suffolk County Sheriff's Office

Opiod and Addiction Services Inside South Bay (OASIS)

Opened in February of 2017 the OASIS unit is dedicated to providing intensive treatment and discharge planning services to male pretrial detainees suffering from substance use disorders. The participants are both voluntary and court ordered.

- Daily structured treatment and programming includes one to one counseling by treatment and mental health staff.
- SCSD partners with Spectrum to provide evidenced based groups and individual treatment.
- The unit has peer led recovery groups, mental health and general health groups, MAT/MOUD education and treatment; as well as AA/NA commitments from the community.
- SCSD also collaborates with local recovery coaches from various Suffolk County community agencies to work with the detainees as they transition back into the community.

Not exclusive to the OASIS unit, SCSD partners with the Suffolk County Drug and Specialty Courts to ensure increased information sharing as well as thoughtful and responsible plans for those offenders participating in Drug/Recovery/Specialty Courts. The collaboration with the Justices, Probation, District Attorney's Office, the Defense Bar, drug court advocates and community partners enables the SCSD to better support both our pretrial and sentenced populations.

Worcester County Sheriff's Office Jail and House of Corrections



STOP and Short STOP Substance Abuse Programs

Short STOP is a **voluntary 3-month treatment** certificate curriculum and the STOP program is a minimum of six months and participants have an opportunity to stay an additional six-months upon successful completion of the program.

The goal of STOP and Short STOP is to provide individuals with the tools to remain drug and alcohol free, help them to learn how to deal with life's struggles without resorting to anger or active addiction, and assist with the skills and educational tools necessary to return to society and realize their dreams.

Short STOP is supported with the Justice Reinvestment Initiative grant through the Trial Court.

STOP is funded by two grants:

- Substance Abuse Prevention and Treatment Block Grant through DPH
- Residential Substance Abuse Treatment grant through the Executive Office of Public Safety and Security

Standards and Guidelines: Broad and Expansive-**CONCLUDE**

Goal: To identify the standards that guide and direct mental health and substance use disorder.

Challenge: Standards and guidelines are extensive:

- Numerous Federal, National and State Standards and Guidelines;
- Healthcare Standards: Guide overall treatment and care for correctional facilities including for mental health and substance use disorder;
- Standards and Guidelines for Mental Health and Substance Use for specific programming.

Recommendation:

- To achieve the Commission's goal of determining appropriate funding for correctional facilities in the Commonwealth, it is recommended to narrow the scope to specific mental health and substance use programming within the correctional facilities and DOC to include the applicable standards, outcomes, costs associated to include staffing.

THANK YOU!!!!