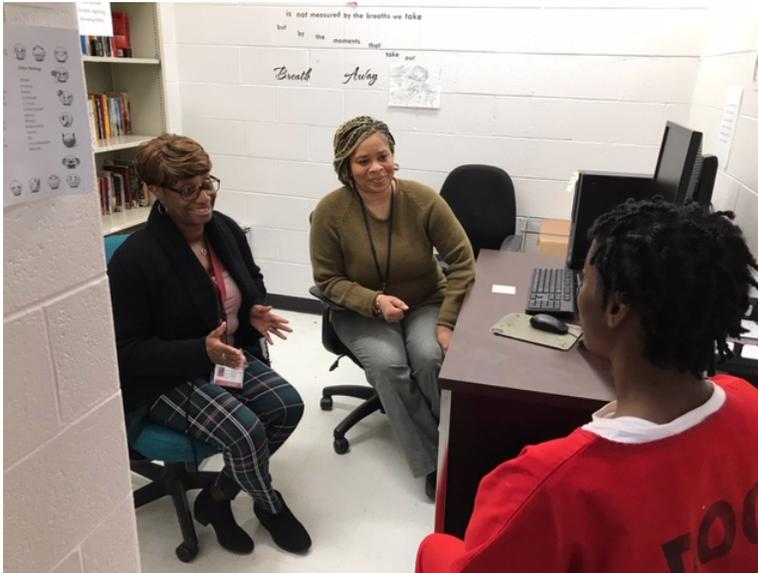


Detentioners Receive Life-Saving Linkages to Opioid Treatment with Case Management Program

By Tom Aiello

Opiate use in Delaware by criminally involved persons occurs at a high rate. The Delaware Department of Correction (DDOC) and its contract vendors have been working on strategies to assist opiate users who enter our facilities. One strategy identifies opiate use history at intake and links the person with services both within the correctional facility, and with community resources upon release. Opioid Use Disorder (OUD) case management is funded through a two-year federal grant that is stewarded by the Delaware Division of Substance Abuse and Mental Health (DSAMH), and dispersed to DDOC. The grant, awarded in January 2019 to Connections Community Support Programs, Inc. (CCSP), specifically targets the un-sentenced populations in the facilities.

Howard R. Young Correctional Institution (HRYCI) and Delores J. Baylor Women's Correctional Institution (BWCI) currently offer OUD case management through the grant, as both facilities intake un-sentenced populations frequently. Sussex Correctional Institution (SCI) currently does not receive funds from the grant, but does identify individuals for Medically Assisted Treatment (MAT) while awaiting trial. SCI also tries to connect individuals with outside resources upon release when possible.



Individuals referred to case management have a history of positive drug screens, a current medically assisted treatment need, or a history of overdoses. Clients are screened upon intake at a correctional facility by medical and mental health staff to determine if they need case management. If a need is found, they are referred to an OUD case manager, and are further assessed for both substance abuse and mental health. Persons are tracked as long as he/she

remains at the correctional facility, or maintains a connection with community support upon release.

Several challenges exist in serving the detentioner (unsentenced) population. The primary challenge is that detentioners may be released on bail within a short period of time or sentenced quickly for Violations of Probation, which does not allow much time for connecting the individual to services. Another challenge is ensuring that individuals follow up with community providers upon release, and ensuring that a peer staff is onsite who can relate to the client's needs. Peers are individuals with lived experience with a substance use disorder and/or a history of incarceration.

Some clients who are identified can post bail within a short period or have the terms of their bail reduced to release on own recognizance. Case managers spend a substantial amount of time tracking court dates and trying to predict when someone will be released so that services can be coordinated at the right time. Some individuals with violations of probation have court hearings within days of entry into a facility, and are released before case managers have an opportunity to connect with those individuals.

Once an individual is released, case managers have their contact information and many times will provide a ride to outside treatment; however, communication can break down if the client's phone is not charged, has a service interruption, or if they do not have access to a phone. At times, a client may be motivated and engaged in the treatment process while in a facility, but may change their mind upon release.

One of the best ways to have clients continue to participate in treatment and case management is to have peers conduct the case management. These individuals can relate to clients experiences and can help guide them through the process. The DDOC and CCSP are working to identify peers who can work in the facilities, but due to the nature of the peer's history, finding someone who meets the criteria for passing the DDOC's security clearance background check can be difficult.

Even with the difficulties, there has been success in connecting clients to resources both within the facilities and in the community. Case managers engage with clients within 24 hours of being identified. They work with the clients to educate them on what services are available to them, including inpatient and outpatient treatment facilities, sober living, and MAT treatment options. Case managers will connect even with those who ultimately refuse services in hopes to educate them on where they can go if they later decide to participate in treatment.

As the process has evolved, case managers have been able to streamline the process to connect with clients. Some of the barriers initially in place have been worked through, and more people are being connected with treatment. In the first four months that OUD case management was introduced into HRYCI and BWCI, approximately 55 individuals were connected with community treatment (a little less than 14 connections per month, on average). The referral volume has increased over time, now averaging around 25 per month connected with community

treatment upon release. Over 100 clients are identified each month and case managers have met with 90% of those identified, with 10% being released before they can meet.

Some of the highlights in recent months include starting to identify clients at Sussex Correctional Institution, increasing referral sources, and connecting more individuals to community treatment. Additionally, in November, 95% of the releases connected to community treatment were done in a 24-hour period. This underscores both the need for these services, as well as some of the challenges that come with detentioner populations. The success story of detentioner released in January 2020 exemplifies the program's potential for saving lives and helping individuals access treatment. The client relapsed after release, and through the support of the case managers and with the help of Probation, the client was placed in detox and on to Medically Assisted Treatment.

OUD case management in DDOC has come a long way in a short period of time. While challenges remain in the process, more clients are being identified and connected to community treatment upon release than before. The DDOC and its contracted treatment providers look forward to continuing to expand treatment options.