



## USAAV+ Council S.B. 205 Workgroup Report to the Law Enforcement and Criminal Justice Interim Committee

November 2018

### Purpose of the Report

This report is submitted pursuant to the passage of *S.B. 205 – Incarceration Reports* by Senator Todd Weiler and Representative Carol Spackman Moss during the 2018 Utah Legislative Session. S.B. 205 directed the Utah Substance Use and Mental Health Advisory (USAAV+) Council to convene a workgroup to study substance use treatment in Utah’s county jails, and to present a report of the workgroup’s findings, including any recommendations for legislation, to the Law Enforcement and Criminal Justice Interim Committee before November 30, 2018.

The specific duties of the S.B. 205 Substance Use Treatment and Withdrawal in County Jails Workgroup were to identify:

- the number of deaths in county jails in the state after December 31, 2012, and before January 1, 2017;
- treatment and other resources available to an offender experiencing alcohol or substance use withdrawal in a county jail in the state; and
- other issues regarding substance use disorder related treatment in county jails in the state.

### Data and Information for Workgroup Study

S.B. 205 required Utah’s county jails to submit a report to the Commission on Criminal and Juvenile Justice (CCJJ) before August 1<sup>st</sup> regarding in-custody inmate deaths. Specifically, the jails were required to submit the following information to CCJJ:

- the number of in-custody deaths that occurred during the preceding calendar year;
- the known, or discoverable on reasonable inquiry, causes and contributing factors of each of the in-custody deaths; and
- the county jail policies procedures, and protocols:
  - for treatment of an inmate experiencing withdrawal from alcohol or other substance use, including use of opiates; and
  - relating to the county jail’s provision, or lack of provision, of medications used to treat, mitigate, or address an inmate’s symptoms of withdrawal, including methadone and all forms of buprenorphine and naltrexone.

Although S.B. 205 required the county jails to submit only calendar year (CY) 2017 data to CCJJ, CCJJ also requested CY 2013 through CY 2016 data in order to assist the USAAV+ Workgroup in fulfilling its responsibilities. In accordance with S.B. 205, CCJJ compiled the information received from the county jails and submitted the compilation to the Law Enforcement and Criminal Justice Interim Committee and the USAAV+ Council by November 1, 2018.

### Key Findings of the CCJJ Report

- A total of 71 inmate deaths were reported by Utah’s County jails for calendar years 2013 through 2017.
- While there was an average of 16 deaths per year reported for 2013 through 2016, there was a significant drop in deaths for 2017, when seven (7) deaths were reported.
- The majority of the deaths reported (38 or 54%) were due to suicide.

- Four (4) deaths (6%) were reported as due to alcohol/drug intoxication.
- Forty-three percent (31) of the deaths occurred during the first week of incarceration.
- Sixteen of Utah's 26 county jails reported they have policies, procedures, and/or protocols in place specifically addressing the "treatment of an inmate experiencing withdrawal from alcohol or other substance use, including use of opiates."
- Ten of Utah's 26 county jails reported they have policies, procedures, and/or protocols in place specifically addressing the "provision of medications used to treat, mitigate, or address an inmate's symptoms of withdrawal;" however, only three (3) reported utilization of Methadone, Buprenorphine, and/or Naltrexone.

## Workgroup Recommendations

After a careful review of the data and policy information provided by CCJJ, the S.B. 205 Substance Use Treatment and Withdrawal in County Jails Workgroup submits the following recommendations for the consideration of the Law Enforcement and Criminal Justice Interim Committee.

### Recommendation 1: Funding and Other Resources to Implement Recommendations

The Utah Legislature should work with Utah's counties to set priorities regarding the provision of adequate and effective healthcare in Utah's county jails, including, on a county-by-county basis, the appropriate level of monetary and human resource assets necessary to provide needed medical, mental health, and substance use screening, assessment, and treatment to inmates housed in each county. Consistent with those priorities, the Utah Legislature should work collaboratively with Utah's counties to ensure sufficient funding and other necessary resources to enable effective implementation of Recommendations 2 through 6 below (including sub-parts).

### Recommendation 2: Screening and Assessment

All inmates booked into Utah's county jails should undergo physical, behavioral health, and suicide screenings before or immediately following booking and, if indicated, undergo further assessment to determine possible medical, mental health, or substance use disorders, including the potential for substance use-related overdose or withdrawal, medical or mental health crisis, or suicide. Screening and assessment instruments should be evidence-based. Screenings should be conducted by qualified medical or behavioral health professionals, if possible, or by health-trained correctional personnel. Further assessment, if indicated, should be conducted onsite by qualified medical, behavioral health, or other staff authorized to perform assessments in accordance with their licensure with the Utah Division of Occupational and Professional Licensing (DOPL). Where on-site assessment is not feasible, assessments should be performed via expanded telehealth technology in jails by remotely located qualified medical, behavioral health, or other staff authorized to perform assessments in accordance with their licensure with DOPL or an equivalent organization (see Recommendation 3).

**Sub-recommendation 2(a):** Provide funding through the Justice Reinvestment Initiative/JRI (or otherwise) for full screening.

"Newly admitted jail detainees and inmates have high rates of alcohol and opioid dependence. Acute withdrawal from these substances is common in correctional facilities. Unrecognized and untreated alcohol (and chemically related sedative/hypnotic) withdrawal can be fatal. Untreated opioid withdrawal results in needless suffering . . . masking of symptoms from other life-threatening illness . . . [and] has resulted in deaths."

"All correctional facilities, regardless of size, should have a system for screening, diagnosis, and appropriate treatment of alcohol, sedative/hypnotic, and opioid withdrawal, and post-release linkage to treatment."

*National Commission on Correctional Health Care  
(NCCHC)*

**Sub-recommendation 2(b):** Utah's county jails should encourage and facilitate timely communication between correctional medical providers and community providers to verify inmate-reported prescription medication or other inmate-reported medical needs.

### **Recommendation 3: Telehealth**

Explore ways to provide additional treatment services utilizing telehealth technology in the jails, including by interlocal agreement and pooled funding resources, with specific emphasis on shared treatment resources through remotely located qualified medical, behavioral health, or other staff authorized to perform assessments or prescribe medication in accordance with their licensure with DOPL or an equivalent organization.

**Sub-recommendation 3(a):** Fund a pilot program, in which counties can opt to participate (similar to Vivitrol pilot), focused on developing telehealth resources for smaller counties lacking ready access to on-site or on-call professionals to perform assessments or provide prescription services, to facilitate those counties' timely access to qualified medical, behavioral health, or other staff authorized to perform assessments or provide prescription services in accordance with their licensure with DOPL or an equivalent organization.

### **Recommendation 4: Evidence-Based Policies, Procedures and Protocols**

A committee comprised of members of the Utah Sheriffs Association, Local Substance Abuse and Mental Health Authorities, the Utah Division of Substance Abuse and Mental Health, medical and behavioral health providers actively engaged in correctional healthcare, psychiatric services providers, county attorneys, and others should survey existing policies, procedures, and protocols for treatment of Utah's county jail inmates experiencing substance use and mental health disorders, including those experiencing withdrawal from alcohol or other drugs. The committee should work to identify or develop model evidence-based policies, procedures, and protocols for treatment of jail inmates experiencing substance use and mental health disorders, including those experiencing withdrawal from alcohol or other drugs. Training recommendations for correctional officers on suicide prevention and behavioral health should also be considered. The developed policies, procedures, and protocols should be compliant with constitutional requirements and cognizant of best practices. Policies, procedures, and protocols should also take account of the needs and limitations of correctional healthcare, particularly in smaller or rural county jails, and the requirement that medical and behavioral health providers must exercise professional judgment on a case-by-case basis when treating patients.

### **Recommendation 5: Jail-Based Treatment and Post-Release Referral to Community-Based Continuing Care**

Recognizing recidivism levels are often reduced through continuity of behavioral healthcare upon release from jail, establish evidence-based substance use and mental health treatment programs in jails that include referrals on release to community-based treatment and recovery support, if appropriate and available.

**Sub-recommendation 5(a):** Expand the Vivitrol pilot to additional counties, focusing on smaller counties where possible, and provide sufficient funds to facilitate community-based care and follow-up with inmate participants in the counties choosing to participate in the pilot. By no later than 2020, collect and assess national and county data relating to inmates given Vivitrol on release from jail to determine costs, effectiveness rates, and appropriateness of longer-term study and state funding.

**Sub-recommendation 5(b):** Enact state laws to maximize the availability of Medicaid funds in Utah's county jails, recognizing that every available avenue to increase Medicaid funding should be identified and utilized to offset state and local correctional healthcare costs. Where savings

to the state are achieved due to the increased use of Medicaid funds in Utah's county jails, earmark and allocate those savings directly back to fund more and better correctional healthcare in Utah's county jails and to provide inmates continuity of care upon release.

**Recommendation 6: Tax Incentives to Expand the Jail Healthcare Workforce**

Provide tax incentives for medical, mental health, and substance use professionals who provide treatment services for jail inmates.

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