

GRAYS HARBOR COUNTY JAIL SYSTEM OF CARE

NEWSLETTER, MAY 2021

Implementation of the System of Care

It has been a busy two months of implementing this program in the County Jail and there have been growing pains and lessons learned. This month we wanted to hear from three of the people who are closely involved with program implementation: Heidi Hull, Jennifer Gonzales, and Lt. James Byrd.

1. What do you think has been the biggest success so far?

Heidi- Seeing participants come together in group and work as teams. I am seeing people change their views on their personal recovery and actually starting to believe they can do something more with their lives.

Jennifer- Being able to engage with clients. I have had several clients go from being extremely stressed out, to being happy and cheerful knowing that they have something to look forward to upon their release.

James- Putting this program together and actually seeing it implemented.

2. What are some challenges with program implementation?

Heidi- There is physically a lack of space and time to do all of the programming we would like to do. We are trying to implement programs on a smaller scale now with the hopes of being able to expand over time.

Jennifer- The unpredictability of release dates makes it challenging to secure community resources, especially housing.

James- Communication between clients, their attorneys and the courts is something that needs addressing. Courts need to know their clients are participating in this program.

3. What misconception about SUD would you like to clarify?

Heidi- SUD can affect anyone. The individuals using are not the only ones impacted; it destroys families, communities, and lives in general.

Jennifer- People with SUD are not a "lost cause", people can and do recover. Everyone should have the opportunity to get treatment if they choose to.

James- SUD recovery is complicated and people don't just stop using with willpower alone.



SOC Updates

Since launching the SOC in March we have seen significant interest in participation. Our care team is continuing to refine the process to make sure we are following best practice guidelines and creating a highly functioning system. The following are data highlights through April of 2021:

Total SUD screenings: 40

Total accepted into SOC: 39

Total dosed on MAT in jail: 29

- 5 had current MAT prescription
- 14 had lapsed MAT prescription
- 10 had no previous MAT experience

Total assessed for Re-Entry supports: 21

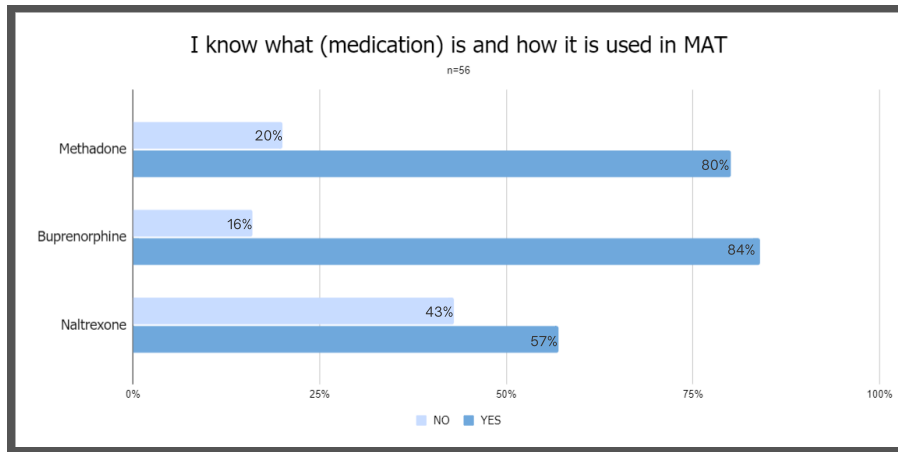
Individuals exited from SOC: 8

- 5 released to community
 - 2 with re-entry support
- 1 transferred to in-patient treatment
- 2 violated SOC contract

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Last month we shared some results from the MAT knowledge and opinion survey. Here is another breakdown of answers to some important questions:

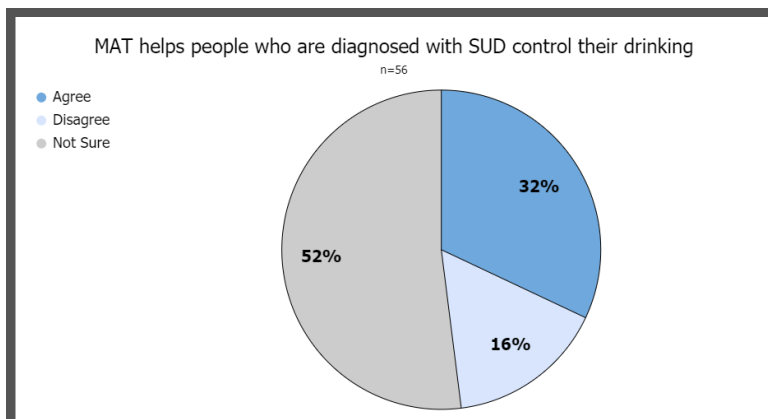


Opioid use disorder (OUD) is a long term medical condition. People with the condition are physically dependent on opioids and experience brain changes that affect their thinking, priorities, and relationships. OUD can recur if not treated properly. There are three medications that are approved for the treatment of OUD. These medications help manage craving and withdrawal, reduce illicit opioid use, and decrease the risk of having an overdose.

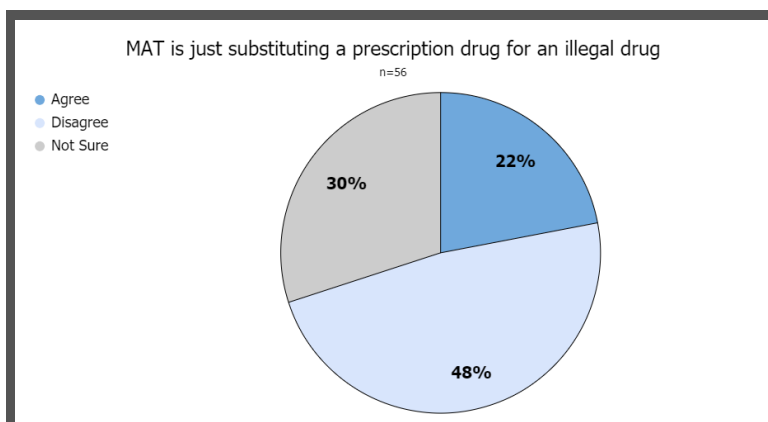
Methadone is a full opioid medication. The more you take, the more you will feel its effects. It manages cravings and withdrawal by binding to opioid receptors. Dosing lasts about 24 hrs.

Buprenorphine (suboxone) is a partial opioid medication. It has a ceiling effect, so above a certain dose you stop feeling more effects. It manages cravings and withdrawal by binding to opioid receptors. Dosing lasts about 24 hrs.

Naltrexone (Vivitrol) is an opioid blocker. It is not an opioid, so you won't feel an opioid effect. It helps manage cravings for some people and an injection can last for 28 days.



Many people are familiar with the medication disulfiram (Antibuse). This has long been the gold standard of care for people with an Alcohol Use Disorder. It works in a similar way to Naltrexone, by blocking the brain receptors that crave the specific drug (alcohol).



The decision to use medication to treat any chronic condition is a medical one. Regardless of the path that leads someone to having an SUD, treatment should be accessible to all. Properly managed medications help individuals achieve stability and allow them to address the underlying conditions of their disorder. Bottom line: you can be in recovery and on medications at the same time and there is no substitute for achieving better health.

For more information on the role of medications for OUD in jails watch this informative video (23 min):

<https://www.youtube.com/watch?v=u1A4dBL9obs&feature=youtu.be>