



Michigan

COUNTY JAIL PROGRAM

Eaton County Jail

Montcalm County Jail

St. Clair County Intervention and Detention Center

County Jail Program



Eaton County Jail

FY2020 RSAT Funded Program

OVERVIEW OF PROGRAM

The Eaton County Jail (ECJ) serves 374 pre-trial detainees—individuals serving sentences on misdemeanor and felony charges, as well as those awaiting transport to the Michigan Department of Corrections prison system. The RSAT Program is named the Eaton County Residential Substance Abuse Program. Individuals are housed by gender, and services are provided to people with co-occurring substance use and mental health disorders.

PROGRAM HIGHLIGHT

Program participants are provided evidence-based services, trauma-informed care, and all three FDA-approved medications for opioid use disorder: methadone, buprenorphine, and naltrexone (Vivitrol).

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Individuals who enter the program can be referred by a number of sources including judges, probation agents, the prosecutor's office, court-appointed attorneys, and medical staff.

The ECJ medical department conducts a full medical history, physical exam, and necessary lab work to make sure medication-assisted treatment (MAT) is safe for each participant. A licensed master's level clinician who specializes in the diagnosis and treatment of substance use disorders (SUDs) conducts a comprehensive biopsychosocial assessment. The Community Mental Health (CMH) therapist uses the information collected during the clinical assessment to determine the initial medical necessity for the ECJ RSAT program.

Assessments are based on a biopsychosocial interview and the counselor's clinical analysis of the person's presenting issues and needs. This multidimensional assessment summarizes the individual's needs and defines and delineates the severity of the clinical issues within each American Society of Addiction Medicine (ASAM) dimension. Clinical issues are identified and prioritized for

service through the multidimensional interview, evidence-based assessment tools such as the Adverse Childhood Experiences (ACE) questionnaire, the short version of the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0), the Alcohol Use and Identification Test (AUDIT), the Drug Abuse Screening Test (DAST), the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) Level 1 Cross-Cutting Symptom Measure, Personality Inventory for DSM-5, or the PCL-5 standard for PTSD, as applicable, and review of all relevant information. The counselor will review any collateral information provided by the referral source to assist with identifying criminogenic needs and risk factors such as evidence of impulsivity, cognitive deficits, impaired decision-making skills, rigid thinking, and risk-taking behavior. A case management assessment will identify other needs such as employment, health care, education, and housing that will be coordinated prior to release to promote the individual's successful transition back into the community. The assessment will reflect a concise clinical story of the participant within the ASAM dimensional framework by including clinical barriers to recovery and treatment, patient strengths and abilities, treatment priorities, and problem perceptions. Spiritual and cultural issues and needs are acknowledged and considered within each dimension.

Overall, the clinical assessment findings help the treatment team determine the SUD or co-occurring mental health diagnosis (COD); medical necessity and fit for the program; and scope, intensity, frequency, and duration of therapy services needed. They also provide information about other possible needs, such as medical, vocational, educational, housing, financial, legal, or mental health services. The next level of assessment is done with the MAT physician. Eligibility to meet with the physician requires the following:

1. The individual is cleared by ECJ medical staff to safely take the medication.
2. A full assessment is completed by the CMH therapist and no contraindications are identified. The individual must meet the DSM-5 criteria for an SUD.
3. The individual must demonstrate a willingness and ability to comply with the medication regimen and program requirements, including following precautions for use and periodic drug testing.
4. The individual must also agree to maintain active enrollment in his or her health insurance program and participate in continuing care treatment after release.

If these criteria are met, the MAT physician will meet with the individual to review all assessment data, confirm SUD diagnosis from a medical standpoint, and determine which MAT medication will best meet his or her needs.

All program participants will receive evidence-based treatment planning services that follow the standards of the Behavioral Health and Developmental Disabilities Administration (BHDDA), the Prepaid Inpatient Health Plan (PIHP) contract, and the administrative rules for SUD services in Michigan. The treatment team will use the treatment guidelines established by the American Society of Addiction Medicine (ASAM), as well as a person-centered planning approach. Master treatment plans are developed at the outset and reflect the specific services and supports, including the amount, scope, and duration of services. All applicable multidisciplinary team members collaborate with the participant and identified support people to establish specific, measurable, attainable, realistic, and timebound goals and objectives, and include participant-identified priorities and needs. The plan includes goals written in the participant's own words, referrals for additional services, and natural support systems. It is reflective of the informed choice of the participant appropriate to their culture/development and is based on the participant's strengths, needs, abilities, and preferences.

All participants receive a copy of their treatment plan and are asked to sign written proof that they were given a copy.

MODALITY OF RSAT PROGRAM

The RSAT Program at ECJ is a therapeutic community that provides services utilizing two program models: an adaptation of Hazelton's Matrix Model (including early recovery, relapse prevention, family education, social support, urinalysis, and individual and conjoint therapy) and Stephanie Covington's Trauma Informed Care.

Group and individual counseling and treatments offered include acupuncture, Seeking Safety, Moral Reconciliation Therapy (MRT), peer recovery coaching, employment assistance, and discharge planning.

MAT PROGRAMMING

Methadone, buprenorphine, and naltrexone (Vivitrol) are available to the men and women in the RSAT Program.

CONTINUED CARE/REINTEGRATION

The RSAT Program employs a full-time discharge planner who begins work right at the start of treatment. The discharge planning program includes housing, transportation, health insurance enrollment, employment opportunities from Michigan Works, and a continuation of MAT and SUD counseling. Acupuncture is also offered to program participants.

PROGRAM CONTACT INFORMATION

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Information updated 6/18/2020



Montcalm County Jail

Current FY2022 RSAT funded program

OVERVIEW OF PROGRAM

The RSAT Program at Montcalm County Jail represents a partnership with the local community health provider. Treatment staff provide jail based substance use services and then bridge participants back into the community following incarceration.

PROGRAM HIGHLIGHT

Staff make an effort to include family members and significant others in the family psychoeducational groups.

The program is in its fourth year of operation and serves approximately 70 persons per year. The array of care provided includes individual counseling, case management, family psychoeducation and recovery coaching.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Staff screen potential participants who have either a felony or misdemeanor offense. The screening process includes an initial questionnaire during the booking process, along with standardized and validated screen tools. These tools include the DAST-10, PHQ-9, AUDIT-C, and GAD-7. The team additionally consults with corrections officers to determine which individuals may benefit. The program is voluntary, so qualification is also dependent on willingness of the participant to engage in programming. Both males and females are served.

Successful graduation from the program includes completing Moral Reconciliation Therapy (MRT) and establishing a substance use provider in the community. Participants are typically discharged from the program 12 weeks post release from jail.

MODALITY OF RSAT PROGRAM

The program uses a foundation of cognitive behavioral therapy. MRT is provided both in individual and group settings. Staff additionally bring in Dialectical Behavior Therapy and Seeking Safety interventions particularly when a co-occurring mental health and substance use disorder is present.

MAT PROGRAMMING

While MAT is not provided directly by RSAT staff, individuals are connected to community treatment providers upon release. Suboxone and Naltrexone are routinely utilized. Participants are also discharged from jail with a supply of Narcan.

CONTINUING CARE/REINTEGRATION

Prior to release into the community, each participant establishes a relapse prevention and after care plan. The individual is connected with a Recovery Coach and provided case management services for at least 12 weeks post release. The results of an American Society of Addiction Medicine (ASAM) assessment identify the level of substance use treatment needed in the community. Program participants are referred to mental health treatment, housing, and employment resources as needed. If necessary, time-limited emergency funds are available for transportation, basic needs, and housing. After completion of the program, the individual is surveyed at 90 days and 6 months to track outcomes.

PROGRAM CONTACT INFORMATION

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Information updated 5/13/2022



St. Clair County Intervention and Detention Center

FY2018 RSAT Funded Program

OVERVIEW OF PROGRAM

The RSAT Program in the St. Clair County Intervention and Detention Center serves both men and women. Although program participants are not housed in designated RSAT units, they do have specialized programming. At the time of the interview, there were approximately 15-20 women and 30-35 men in their respective RSAT programming tracks.

The RSAT treatment starts in the Center and continues into the community. There is collaboration with local courts / judges and community centers to centralize case management and shorten sentences when RSAT participants meet program expectations.

RSAT funding was first awarded in 2006, and participants were admitted into the program the same year. Other funds that help supplement programming include an opioid grant that pays for medication-assisted treatment (MAT) services, and the sheriff's own investment.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

RSAT Program participation must be ordered by a judge. The court uses the presentence investigation (PSI), the standardized risk/needs instrument Correctional Offender Management Profiling for Alternative Sanction (COMPAS), and an SUD screening. If someone is deemed "inappropriate" for RSAT programming and services, the RSAT director will relay concerns to the court.

Once in the RSAT Program, men and women undergo a biopsychosocial assessment by a therapist. The Center is currently in the process of switching over to the Global Appraisal of Individual Needs (GAINS). An individual treatment plan is developed from the results of all screenings and assessments. RSAT staff strain to make treatment plans more individualized for participants. Mental health concerns do not make a person ineligible for RSAT programming. Most individuals have already been identified by licensed and clinically trained mental health professionals by the time they are admitted to RSAT services. The RSAT Program staff provide trauma, resilience, and PTSD groups.

MODALITY OF RSAT PROGRAM

RSAT programming currently focuses on recovery and community support as a re-entry emphasis. It is a 10-week program that has three phases: a Hazelden curriculum, Milkman & Wanberg's Substance Abuse and Criminal Conduct, and an individualized case manager / therapist phase leading to release. Optional groups include anger management, domestic violence, parenting, trauma/resilience, and post-traumatic stress disorder (PTSD).

Once a person successfully completes the RSAT Program, a sentencing judge can give earned good time. Successful completion occurs when a person has participated fully, completed all workbooks and homework, and attended one Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meeting per week.

The program completion rate is approximately 85%.

MAT PROGRAMMING

Three forms of medication are offered to program participants for opioid use disorder: methadone for people coming into the jail already on prescription methadone; buprenorphine and naloxone (Suboxone) for maintenance or induction; and naltrexone (Vivitrol) prior to release.

CONTINUING CARE/REINTEGRATION

Re-entry case workers make appointments for housing, MAT, mental and physical health care, and other continuing care needs.

Many of the community-based agencies and services are located in a community center in Port Huron. Peers in Recovery is also located there and is a major source of support for program participants.

PROGRAM HIGHLIGHT

Port Huron and St. Clair have a large and supportive recovery community. People in recovery went en masse to city and town council meetings to advocate that they be allowed to volunteer in local jails.

PROGRAM CONTACT INFORMATION

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Information updated 12/11/2018