

Minnesota Sixth Judicial District Opioid Response Assessment

Final Report



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Executive Summary

St. Louis County, designated a High Intensity Drug Trafficking Area in November 2019, ranks third in heroin and opioid overdose deaths in Minnesota.¹ Despite having a relatively small population, 10.5% of all opioid overdose deaths within Minnesota have occurred in SLC. Treatment admissions for opioid use disorder (OUD) are greater in SLC than the state (28% in SLC vs. 19% statewide).²

St. Louis County has steadily worked to address this crisis both within and outside of the justice system. Several initiatives are underway that implement evidence-based practices to serve SLC residents and the unique challenges they face. In January 2020, with funding from the State Justice Institute, Rulo Strategies initiated an assessment of SLC's gaps and opportunities to improve the community's criminal justice response to the opioid epidemic and make the connections between arrest, incarceration, and reentry to support individuals with treatment and recovery services.

The thirteen recommendations outlined in this report are designed to provide a framework for SLC to further address OUD and other substance use disorders (SUD), and reduce overdose deaths among justice-involved individuals by utilizing evidence-based practices and strengthening inter-agency stakeholder partnerships.

Thirteen Recommendations for a Comprehensive Response to Substance Use Disorders in the Justice System

1. Establish a cross-sector team to prioritize, coordinate, and implement prevention, treatment, and recovery efforts across the judiciary, public safety, public health, and behavioral health.
2. Expand the existing focus on opioid-related efforts to more broadly encompass initiatives that establish sustainable systems of care that support all individuals with substance use disorders.
3. Explore the implementation of a mobile clinic to provide immediate access to treatment and recovery support services.
4. Enhance services in the St. Louis County corrections system to fully respond to the needs of inmates with substance use disorders.
5. Standardize law enforcement diversion protocols and integrate with other efforts underway in St. Louis County and the surrounding counties.
6. Further explore court models, like the Buffalo Opioid Intervention Court, that triage individuals entering the justice system at high-risk for overdose death.
7. Monitor the impact of the new Safe Babies Court on children within the foster care system.
8. Evaluate St. Louis County's approach to providing on-demand medically managed detoxification and identify the resources required to maintain this capability.
9. Identify clinical training opportunities and resources needed to support and expand medication-assisted treatment prescribing.
10. Expand the use of community health workers to link individuals to services and resources in the community.
11. Recruit, train, and retain peers to work at all intercepts in the criminal justice system, including the jail and reentry, and expand their presence in health settings.
12. Develop a multi-sector campaign to address, diminish, and prevent addiction-related stigma.
13. Distribute intranasal naloxone rather than injectable naloxone as new funding opportunities arise.

Introduction

St. Louis County (SLC) is the largest county in the state of Minnesota, covering 7,092 square miles. Portions of the Fond du Lac Band of Chippewa and the Boise Fort Band of Chippewa Reservation borders are within SLC boundaries. Duluth is SLC's county seat; larger towns in rural SLC include Hibbing, Virginia, Chisholm, and Ely.

The County has a population of approximately 200,000 people, which is 3.7% of the state population. Despite the County's relatively small population, 10.5% of all opioid overdose deaths within Minnesota have occurred in SLC, and it ranks third in heroin and opioid overdose deaths in Minnesota.³ The headline "Overdose Deaths Jump in Duluth, St. Louis County" in the local newspaper, the *Duluth News Tribune* (January 9, 2020), indicated that although overdoses in the state are dropping, the number of overdoses in Duluth increased from 106 to 174—an increase of 64%—in 2018, and the number of fatalities increased from eight to 14. The number of overdoses for all of SLC (which includes Duluth) increased by 52% (from 151 to 230), with fatalities growing from 13 to 21. In 2019, three of the fatalities involved inmates who died within days of being released from one of the local correctional facilities.

In the fall of 2019, Minnesota's Sixth Judicial District applied for, and was awarded, a grant to complete a comprehensive needs assessment and identify opportunities to strengthen the justice system's response to the opioid epidemic. In particular, SLC was motivated to develop a plan to 1) provide support for the implementation of medication-assisted treatment (MAT) in the jail setting, with a multidisciplinary team, policies, and leadership; 2) effectively transition individuals from jail to the community using a "hot handoff," and 3) identify the Court's role in connecting clients with an opioid use disorder (OUD) quickly to life-saving MAT. The Sixth Judicial District contracted with Rulo Strategies to complete the assessment. Information contained in this report reflects findings from interviews conducted between January and March 2020 and follow-up discussions completed between March and May 2020.

Existing Coalitions and Collaborations

Multiple agencies are working on initiatives designed to strengthen the justice system's

response to SUD in St. Louis County.

St. Louis County's Public Health and Human Services Department created the Substance Abuse Prevention and Intervention Initiative (SAPII) to provide community education, outreach, professional development training, and consultation services throughout the county. The SAPII team also coordinates the North and South OARS (Opioid Abuse Response Strategies) workgroups, bringing together a variety of community organizations that work together to combat the opioid crisis. Through harm reduction, treatment and recovery, and law enforcement sub workgroups, OARS is working to ensure that treatment, including MAT, is available at every location where individuals are using opioids: the medical system (emergency departments, hospitals, clinics), the criminal justice system, drug treatment programs, and in the community.

A broader Substance Use Disorder Collaborative (SUDC), including providers from SLC, Carlton County, and surrounding Tribal Nations, also exists.⁴ SUDC's mission is to provide services to people with a SUD, reduce the number of substance use-related deaths, and increase the number of people in recovery.

Tribal Communities

Tribal communities are disproportionately impacted by SUD across the United States. According to the Minnesota Department of Health, American Indians in Minnesota are six times more likely to die of a drug overdose than their white counterparts. In 2016, population death rates per 100,000 individuals stood at 64.6 for Native Americans compared to 11.7 for whites. Between 2014 and 2016, 70% of the overdose deaths in American Indian Minnesotans involved opioid drugs, making opioids the leading cause of overdose death in this population. The Human Services Division of the Fond du Lac Band of Lake Superior Chippewa focuses on addressing SUD and serves over 7,200 American Indian people living in Southern SLC and Carlton County. The Fond du Lac Center for American Indian Resources (CAIR), which serves Duluth and the surrounding area, provides a range of SUD services to include Rule 25 assessments, outpatient treatment services, individual counseling, and community education. CAIR also offers behavioral health services such as mental health standard testing, therapeutic interventions, and counselors in area schools.

Law Enforcement

The St. Louis County Sheriff's Office and the Duluth Police Department sit on the Lake Superior Drug and Violent Crime Task Force (LSDVCTF), partially funded through the Minnesota Violent Crimes Enforcement Teams (VCET) initiative. In 2018, the Duluth Police Department was awarded funding from the U.S. Department of Justice, Bureau of Justice Assistance (BJA), to develop a post-overdose response program. Under this program, peer recovery specialists, who are paired with law enforcement officers, follow up with survivors of overdoses and offer support and connections to treatment, recovery support, and/or harm-reduction services. The goal is to develop and maintain a connection that supports the individual's well-being and hopefully prevent a future overdose.

The Duluth Police Department is also an active user of the Overdose Detection Mapping Application Program (ODMAP). ODMAP is designed to easily and quickly track the locations of suspected fatal and nonfatal overdoses and the administration of naloxone. ODMAP provides overdose data within and across jurisdictions to support community-based efforts to mobilize responses to overdose spikes. The state of Minnesota is one of eight states participating in a national demonstration project designed to support statewide adoption of ODMAP and enhance the ability of local communities to effectively leverage ODMAP data, identify "hot spots" and trends of concern, and develop coordinated public safety, public health, and behavioral health intervention strategies. St. Louis County recently received a sub-award from the state to support these activities.

Court-Based Responses

St. Louis County has five treatment courts serving the community:

- South SLC Drug Court (Duluth Drug Court)
- North SLC Hybrid Court (Hybrid Court)
- DWI Court
- Mental Health Court
- Veterans Treatment Court

In February 2020, the Sixth Judicial District launched two Safe Babies Courts, in partnership with SLC's Public Health and Human Services Department, Human Development Center, Center for Alcohol and Drug Treatment, St. Luke's Health Care System,

Partners in Recovery, Fond du Lac, and Law Enforcement partners. One court serves the north side of the county and the other serves the southern area of the county. The Safe Babies Courts are designed to help parents in child protection cases maintain healthy relationships and, ultimately, reunite with their young children in foster care.

Jail-Based Responses


St. Louis County Jail has three facilities: 1) The licensed Class III facility in Duluth (197 inmates) holding pre-arrest, presentenced, and sentenced male and female adult offenders; 2) Two licensed Class I lockup facilities in Hibbing (eight inmates); and 3) The Virginia City Jail and Holding Facility (12 inmates), detaining offenders awaiting arraignment for up to 72 hours.

In August 2017, 42% of jail inmates who completed an anonymous survey reported using heroin prior to their arrest, with 14% daily and 6% receiving MAT in jail. In August 2019, 55% of inmates completing a survey had used heroin/opioids; 37% used daily, 29% considered themselves addicted to heroin/opioids, and 13% were receiving MAT prior to arrest.

In 2019, SLC was one of 16 sites selected to participate in a BJA and Arnold Venture's *Planning Initiative to Build Bridges Between Jail and Community-Based Treatment for Opioid Use Disorder*. The *Bridges* project began with a nine-month planning process to assist communities in implementing MAT in their jails and enhancing collaboration between jails and community-based treatment providers. After the planning process, which ended in February 2020, each community received one year of funding and support from the Centers for Disease Control and Prevention to support implementation.

Peer Recovery

In 2019, Recovery Alliance Duluth (RAD), the first Recovery Community Organization (RCO) developed north of the Twin Cities metro area, was launched. RAD fills a critical gap in peer-based recovery support services for individuals residing in the Northeast Region, especially St. Louis County. RAD hosted its first peer recovery training in February 2020 and is currently building its direct delivery of peer recovery support services with local emergency departments, treatment providers, community agencies, and outreach services. RAD is focused on connecting SLC service recipients and individuals



entering or transitioning the criminal justice system with recovery support as evidence shows that extended access to recovery services increases the quality of outcomes.

Needs Assessment

As part of this comprehensive needs assessment, Rulo Strategies met with representatives from the following agencies:

- Law enforcement
- Corrections
- Courts
- Probation and Parole
- Public defenders
- Public Health and Human Services
- Medical providers
- Chemical dependency service providers
- Tribal representatives
- Recovery community organizations

This report provides recommendations for building on existing SLC efforts to implement a comprehensive response to SUD within the justice system.

The thirteen recommendations have been organized into the following key areas:

- Foundational Coordination
- Corrections
- Law Enforcement and the Judiciary
- Treatment and Recovery Services
- Community-Based Engagement and Prevention

It is critical that the systems established for addressing opioid misuse, addiction, and overdose also address other substances of concern, including methamphetamine and alcohol misuse, to support improved health for all residents and improved quality of life for the entire community.

FOUNDATIONAL RECOMMENDATIONS

Recommendation 1: Establish a cross-sector team to prioritize, coordinate, and implement prevention, treatment, and recovery efforts across the judiciary, public safety, public health, and behavioral health.

Effectively responding to the needs of individuals with a SUD who encounter the justice system requires alignment between law enforcement, the courts, corrections, social and human service agencies, behavioral health providers, medical providers, and other community providers. Effectively supporting the coordination of services across these sectors that are largely autonomous and diverse in political and cultural norms requires more than a set of protocols or a standing meeting. Some of SLC's initiatives addressing OUD are less than one year old and will need ongoing attention to be sustained. In order for cross-sector collaboration to be institutionalized, communities must establish a formal infrastructure designed to support this work with the goal of coordinating existing and future efforts under this structure.

This work is typically led by a coordinator who spans the work of multiple agencies that has responsibility for:

- Establishing and maintaining formal and informal mechanisms to facilitate the communication and sharing of expertise, linking groups who might otherwise be separated by function or location.
- Leveraging existing relationships and forging new relationships to reduce barriers to service and align and/or integrate programs and services when appropriate.
- Facilitating knowledge transfer by creating a forum for each group of professionals to present their specific expertise in a structure and format that can be understood and integrated by the larger group.
- Supporting agencies and organizations with program implementation and addressing anticipated cross-sector impact as well as unintended consequences.
- Creating a venue to discuss emergent needs and shifting priorities.
- Supporting data collection and data sharing across agencies.

- Tracking all key initiatives and planning for sustainability.

To be successful, a coordinator must possess interpersonal skills, technical skills, and knowledge to work with multiple teams and systems. The ideal candidate would possess an in-depth knowledge of public safety, behavioral health, and public health, and understand the formal and informal norms of the agencies that comprise those sectors. The ideal candidate should possess the skills to perform the honest broker role, have the perceived legitimacy to act objectively and openly for others, and the capacity to develop credibility with diverse organizations.

The planning committee that oversaw the needs assessment prioritized this recommendation and incorporated it into a funding request submitted to BJA in a 2020 Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grant application.

Recommendation 2: Expand the existing focus on opioid-related efforts to more broadly encompass initiatives that establish sustainable systems of care that support all individuals with substance use disorders.

Local, state, and national efforts to coordinate care, improve access to treatment, monitor and track opioid prescriptions, and expand access to overdose reversal medications have contributed to a decrease in overdose deaths. However, changing substance use patterns, including the resurgence of methamphetamine use, and the mixing of opioids with methamphetamine and cocaine in the illicit drug supply, have continued to make the drug overdose landscape more complicated and surveillance and prevention efforts more challenging.

The opioid epidemic has been explained as hitting our nation in three distinct waves—with a fourth wave, the widespread use of stimulants in combination with opioids, well on its way. The first wave appeared in the 1990s with the introduction of OxyContin and the rapid spread of prescribed opioids. The second wave is described as the migration from prescription pills to injected heroin, and the third wave was the arrival of fentanyl.⁵ The fourth wave, or threat, which appears as increased availability of psychostimulants, particularly methamphetamine, must be considered alongside

existing opioid-related efforts.

Although alcohol remains the primary substance used at admission to SUD treatment for adults in Minnesota, in 2018, methamphetamine was the second leading substance used at admission to treatment.⁶ During stakeholder interviews, agency representatives frequently spoke of the need to pivot from primarily an opioid-related focus to a broader focus on building systems of care that serve all individuals with a SUD. As the SLC planning efforts move forward, it will be important to re-brand any opioid-specific efforts that may exist to a broader focus on social determinants of health.

Recommendation 3: Explore the implementation of a mobile clinic to provide immediate access to treatment and recovery support services.

Mobile clinics are rapidly becoming a best practice as a strategy for reducing barriers to care and improving access to treatment for individuals with SUD. Access to treatment and continuity of care can be especially difficult for justice-involved individuals who live in rural areas, like SLC, where treatment resources and facilities are limited and difficult to access. Transportation is frequently cited as a barrier to care, and in response, many states are turning to mobile models of care. Two examples include BestSelf's Recovery Connections Mobile Team in Western New York and Colorado's mobile health units initiative.

BestSelf, the largest community-based behavioral health organization in Western New York, implemented a Recovery Connections Mobile Team to provide SUD treatment in the community. On a typical day, the van starts with scheduled follow-up appointments for patients and then takes on new assessments. For example, the van frequently parks outside the Buffalo Opioid Intervention Court to meet with referred patients and create linkages. The Recovery Connections Mobile Team works with jails to get inmates the care they need inside the facility, as well as linking them with care providers post-release and facilitate rapid access to medication-assisted treatment (MAT). The Recovery Connections Team also dispatches peer advocates to see patients who aren't ready to go into treatment to talk with them and encourage them to get help.

Colorado's Department of Human Services, Office of Behavioral Health, oversees six mobile health units to improve access to MAT, distribute naloxone, and

provide referrals to recovery resources in rural and underserved areas. The units are staffed with a nurse, a counselor, and a peer specialist with lived experience, and medications may be prescribed by a medical provider via telehealth services.

A mobile unit is a viable strategy for implementing a bridge clinic designed to directly coordinate in-custody and community-based treatment, deploy wrap-around services including peer recovery support, integrate behavioral health care with MAT, and follow-up with patients. To better serve the needs of justice-involved individuals, the bridge clinic may be integrated with a substance use triage court (see Recommendation 6). Prior to COVID-19 travel restrictions, a team from SLC was scheduled to visit Buffalo, New York, to, in part, meet with the mobile clinic staff. Since travel restrictions are likely to remain in place, a virtual meeting with BestSelf staff may be an ideal next step to better understand how this service operates.

RECOMMENDATIONS FOR CORRECTIONS

Recommendation 4: Enhance services in the St. Louis County corrections system to fully respond to the needs of inmates with substance use disorders.

A significant impetus behind the needs assessment was SLC's participation in the *Bridges* project. Numerous opportunities exist to fully scale and strengthen the implementation of MAT within the jail. These opportunities include:

- Sustaining the MAT navigator position initially funded by the CDC *Bridges* project funding.
- Implement peer recovery in the SLC jail. The planning team prioritized this recommendation and incorporated funding for a jail-based recovery program specialist in their 2020 COSSAP application. The jail-based recovery program specialist will form connections with inmates with SUDs and make referrals to community resources, help with transportation, housing, insurance navigation, and/or education—including information about naloxone. This individual will also facilitate communication and collaboration between jail personnel and community partners to support individuals

throughout their incarceration—from booking to their release (along with their friends and/or family members)—to sustain recovery, reduce recidivism, and lead to better outcomes.

- The planning team also recognized that as they move towards full implementation of a jail-based MAT program, it was necessary to reassess the level of medical staffing in the SLC Jail and Northeast Regional Corrections Center (NERCC) needed to support a fully-scaled and clinically appropriate jail-based MAT program. Funding for a full-time nurse to work in the SLC Jail was included in the FY 2020 COSSAP application.

Implementation of MAT in the SLC Jail has resulted in the need for some protocols and practices to change. As of March 2020, the various components of the justice system were still working through these changes. For example, males are transferred from the SLC Jail to NERCC following sentencing. As the jail was implementing MAT, coordination was needed with NERCC to ensure that medications would be continued and that practices would be implemented that would be supportive of MAT. The stakeholders are to be commended for their efforts in this area.

Additional opportunities for the SLC Jail include:

- Adopting protocols for the timely and consistent review of inmate requests for MAT.
- Providing training on the use of naloxone via the video monitors in the jail waiting rooms.
- Expanding treatment opportunities, recovery support services, and reentry coordination in the SLC Jail to support individuals with SUD.
- Ensuring that the curricula and treatment approaches used by providers are based on best practices and responsive to the inmates' diverse needs.

RECOMMENDATIONS FOR LAW ENFORCEMENT AND THE JUDICIARY

Recommendation 5: Standardize law enforcement diversion protocols and integrate with other efforts underway in St. Louis County and the surrounding counties.

Law enforcement and other first responders are on the front lines of addressing illicit substance use and misuse, frequently encountering individuals with SUD and responding to drug overdose calls. A variety of multidisciplinary overdose prevention, response, and diversion and referral pathways, led by law enforcement and other first responders, have emerged in communities throughout the nation. These pathways often include first responders working in partnership with SUD treatment providers and peer recovery coaches to help individuals access treatment and recovery support services.

Five pathways have been most commonly associated with opioid use disorder. These pathways are listed below:

- **SELF-REFERRAL PATHWAY:** An individual voluntarily initiates contact with a first responder (a law enforcement, fire services, or EMS professional) seeking access to treatment (without fear of arrest) and receives a referral to a treatment provider.
- **ACTIVE OUTREACH PATHWAY:** A law enforcement officer or other first responder identifies or seeks out individuals in need of substance abuse treatment; a referral is made to a treatment provider, who engages them in treatment.
- **NALOXONE PLUS PATHWAY:** A law enforcement officer or other first responder engages an individual in treatment as part of an overdose response.
- **FIRST RESPONDER/OFFICER PREVENTION REFERRAL PATHWAY:** A law enforcement officer or other first responder initiates treatment engagement, but no criminal charges are filed.
- **OFFICER INTERVENTION REFERRAL PATHWAY:** A law enforcement officer initiates treatment engagement; charges are filed and held in abeyance, or a citation is issued.

As noted, the Duluth Police Department has established a program based on the Naloxone Plus Pathway over the last year. This program is continuing to grow, and the Duluth Police Department submitted its own 2020 COSSAP grant application to support this expansion. At this stage of implementation, it is essential that front-end diversion efforts become fully integrated with other

initiatives taking place in other intercepts, especially if new funding is received in 2020. By establishing bi-weekly touch-base meetings, stakeholders can identify opportunities to collaborate, fill gaps, and share resources. Institutionalizing these efforts through structure, protocol, and coordination will assist with long-term program sustainability.

Recommendation 6: Further explore court models, like the Buffalo Opioid Intervention Court, that triage individuals entering the justice system at high-risk for overdose death.

The Buffalo Opioid Intervention Court is an innovative model in which program staff screen participants or clients (individuals are intentionally not referred to as defendants to instill hope and pride) who are booked in the jail using a brief survey developed by the court to identify those at risk of overdose. After arraignment, individuals identified as being at risk are offered an opportunity to participate in a treatment program. Once enrolled, an onsite team of caseworkers and treatment professionals work together to link the individual to an appropriate treatment provider. Screening, referral, and linkage to treatment all occur within the first 24 hours of arrest. Program staff provides case management, and participants are required to check in with the court every day for 90 days. While enrolled in the program, the prosecution of the case is suspended. Upon successful completion, participants enter into a plea agreement and may be diverted to a formal drug court, mental health court, veteran's treatment court, or have their case dismissed.

The Buffalo Opioid Intervention Court is a groundbreaking model that uses the court as a method of expediting and monitoring treatment access to services at the point of arrest. It is not necessary to replicate all components of the Buffalo Opioid Intervention Court (e.g., daily appearances) to rapidly triage individuals with substance use disorders who are justice-involved. Before the COVID-19 travel restrictions, a team from SLC was scheduled to visit the Buffalo Opioid Intervention Court. In lieu of traveling, it may be useful to set up a call with the Buffalo Coordinator to better understand how this model works and whether components of this approach could be useful in providing rapid access to services.

Recommendation 7: Monitor the impact of the new Safe Babies Court on children within the foster care system.

SLC is initiating a pilot Safe Babies Court in 2020 through a partnership with the national non-profit program called Zero to Three, which focuses on the early development of children and the effects of early attachment into adulthood. Safe Babies Courts are designed to ensure very young children and their parents receive expedited, comprehensive services and support that prevent children's removal and placement in foster care; promote reunification and other lasting permanency outcomes; strengthen family protective factors; and protect and build safe, stable, and nurturing early relationships.

The program will be voluntary for six to eight families in its first year in SLC. Safe Babies Court Teams provide structure for cross-sector teamwork. The Family Team uses a trauma-informed lens to ensure very young children and their parents receive expedited, comprehensive services and supports. Parents are able to invite their own support people—including family or close friends—into the process. They meet with a social worker, the child's appointed guardian ad litem, an attorney for the parents, and a county attorney every other month. The team will check in with a judge on alternate months.

As this is a new program with the potential to provide important lessons for all stakeholders, it will be important to monitor the impact of this valuable project.

RECOMMENDATIONS FOR TREATMENT AND RECOVERY SERVICES

Recommendation 8: Evaluate St. Louis County's approach to providing on-demand medically managed detoxification and identify the resources required to maintain this capability.

A recent 2020 Substance Abuse and Mental Health Services Administration (SAMHSA) publication titled [National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit](#) presents three core elements for an effective crisis system of care. The three elements include Crisis Call Centers (someone to talk to), Crisis Mobile Teams (someone to

respond), and Crisis Receiving Centers (someplace to go). Although hospital systems, law enforcement agencies, and public health organizations independently have their own policies and procedures for crisis care, more and more communities are recognizing the need for additional cross-system coordination and strategies that ensure every patient receives "the right treatment, at the right place, at the right time." Many programs strive to embrace a "no wrong door" philosophy to ensure procedures and resources are in place to respond to a crisis wherever it presents itself—during an arrest, upon booking in jail, during a court proceeding, in a hospital, or in the community. Receiving Centers or drop-off locations are especially useful for this purpose, and even more so for law enforcement who frequently encounter individuals with severe SUDs and/or mental illness. Drop-off Centers, also called Receiving Centers or Assessment Sites, are designed to serve as part of a larger system of care, where individuals can be taken in lieu of arrest for assessment, treatment, or referral. One of the most valuable aspects of a drop-off model of care is that it allows a responding law enforcement officer to quickly return to his or her duties.

The Center for Alcohol and Drug Treatment (CADT) currently provides this service for SLC. CADT offers many critical services, but most notably, they operate a Detoxification Unit consisting of 24 beds for medically managed sub-acute detoxification from alcohol and drugs and a Pathfinder Unit that consists of six beds for acute opioid-related disorders that require medical management including opioid intoxication, opioid overdose, and opioid withdrawal. Ensuring the long-term financial viability of these services in SLC is a critical component of a comprehensive system of care.

Recommendation 9: Identify clinical training opportunities and resources needed to support and expand medication-assisted treatment prescribing.

Like many communities, SLC continues efforts to expand access to MAT. Medical providers identified several opportunities for improvement. These include:

- Identifying and publishing a single point-of-contact to address questions that arise about appropriate referrals to providers.
- Building the skills of new MAT prescribers by

providing consultation services, particularly for cases where additional support may build confidence.

- Establish a network of MAT prescribers to share best practices.

SAMHSA funds the [Providers Clinical Support System](#) (PCSS) to train primary care providers in the evidence-based prevention and treatment of OUD and treatment of chronic pain. PCSS is made up of a coalition, led by American Academy of Addiction Psychiatry (AAAP), of major healthcare organizations whose mission is to increase healthcare providers' knowledge and skills in the prevention, identification, and treatment of SUDs with a focus on OUD. The program provides clinical mentors and matches them with clinicians. There is also a discussion forum, moderated by an addiction expert.

Recommendation 10: Expand the use of community health workers to link individuals to services and resources in the community.

Community Health Workers (CHWs) can be an enormous asset to justice-involved individuals with SUD. A CHW serves as a link between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. Services offered by CHWs include health education, system navigation, case coordination, and outreach. Peer recovery specialists, who are often in recovery, are more narrowly focused on providing recovery assistance, mentorship, and advocacy in support of individuals with a mental health condition or SUD.

The CHW profession has seen substantial growth in recent years as the need for ensuring continuity of care in the community increases. CHWs work in a variety of settings, including hospitals, nonprofit organizations, and government agencies. The benefits of utilizing CHWs are especially significant for individuals with SUD who are justice-involved as they are often disconnected from their own communities and unaware of resources that might be available to them. CHWs can assist these individuals by connecting them to resources and providing a path to community healthcare and SUD treatment programs without fear of stigma or judgment.

Ely, a rural community in SLC, illustrates the value of leveraging CHWs to support individuals with SUD. Of note, one of the CHWs is funded through

donations from a local church. The CHWs use a shared release of information so that they can coordinate care and address patients' social determinants of health.

The planning committee that oversaw the needs assessment seeks to expand the use of CHWs to address SUD and incorporated funding for one CHW into a funding request submitted to BJA in a 2020 COSSAP grant application. If awarded, this CHW will be placed in the Duluth Family Medicine Clinic.

Recommendation 11: Recruit, train, and retain peers to work at all intercepts in the criminal justice system, including the jail and reentry, and expand their presence in health settings.

Peer recovery specialists (PRs) are individuals in recovery from a mental health condition or SUD who provide support and resources to others on their path to recovery. PRs are employed and work in a variety of settings, including hospital emergency rooms, community behavioral health organizations, law enforcement agencies, courts, corrections, and probation/parole agencies. Effective integration of PRs requires considerable planning and existing staff buy-in to ensure a supportive environment for the PRs and the individuals they serve, and this is especially true in criminal justice settings.

As noted previously, RAD is working alongside other stakeholders, including the Human Development Center, to expand access to peer recovery in SLC. As part of the 2020 COSSAP application, one jail-based peer recovery specialist and one community-based peer recovery specialist was requested. As SLC grows its peer recovery community and integrates this service more broadly at every intercept of the criminal justice system, it will be important to think about the need for training. It is not unusual for PRs working in the justice system to come in contact with or even work alongside former probation officers, judges, prosecutors, and others that may have presided over their own criminal case. It is also not unusual that a PR might encounter individuals from their own past, even individuals with whom they may have engaged in criminal activity. Peer certification training provides preparation for these scenarios, but training and preparation must also occur for the staff themselves to address any known or unknown biases and concerns they may have towards working side by side with individuals in recovery who have a criminal past.

RECOMMENDATIONS FOR COMMUNITY-BASED ENGAGEMENT AND PREVENTION

Recommendation 12: Develop a multi-sector campaign to address, diminish, and prevent addiction-related stigma.

There are three potential focus areas for anti-stigma campaigns. The first addresses self-stigma (how an individual feels about him or herself which prevents them from seeking and/or embracing their recovery). The second addresses social stigma (a group or community's unwillingness to change their opinion of addiction and/or of individuals who experience addiction). Finally, anti-stigma campaigns may address structure (policies or programs that discriminate against or exclude participation in opportunities as a result of an individual's addiction or criminal justice history). An effective campaign should incorporate components of each of the three areas of focus.

SLC stakeholders identified a need to continue to educate on stigma and there is some evidence the community is willing to be engaged on this topic. For example, an evening workshop hosted by rural providers in SLC on stigma and addiction was very well attended.

Stakeholders also identified the need to further educate medical providers as there can be perceived stigma towards individuals with SUD both within primary care settings and the emergency departments. Including individuals in recovery into educational campaigns directed towards the medical community is incredibly powerful and something that SLC has some experience with. It would be particularly powerful for the key medical providers to come together as a community to address stigma.

Several interventions have demonstrated success addressing stigma towards individuals with SUD in the criminal justice system and across multiple sectors:

- Therapeutic interventions, such as group-based acceptance and commitment therapy to reduce self-stigma.
- Motivational interviewing and communicating positive stories of people with SUD to reduce social stigma.

- Contact-based training and education programs targeting medical students and professionals (e.g., law enforcement) to reduce structural stigma.⁷

Examples of campaigns can be found on the [American Society of Addiction Medicine](#) website, and information on developing a campaign can be found here: [Anti-Stigma Toolkit: A Guide to Reducing Addiction Related Stigma](#).

Recommendation 13: Distribute intranasal naloxone rather than injectable naloxone as new funding opportunities arise.

Take-home naloxone (THN) programs are an effective public health intervention to prevent deaths from opioid overdose. St. Louis County has embraced the value of distributing naloxone to individuals discharged from correctional facilities and through community-based initiatives in support of individuals with OUD.

Naloxone can be administered through two methods: intramuscular, by way of an injection, or intranasal, by way of a nasal spray or nasal atomizer. Injectable naloxone was not developed for layperson use, and non-injectable naloxone is considered to have several advantages for take-home naloxone programs. Injectable medications can be intimidating for laypersons, require product assembly, and pose a risk of needle-stick injury. Administering naloxone by way of a nasal spray allows medically untrained people to safely and effectively use the medication when overdose symptoms are observed.

Conclusion

St. Louis County has demonstrated a strong commitment to addressing OUD/SUD among justice-involved individuals. The leaders in the judiciary, public safety, public health, and behavioral health sectors, as well as medical providers and community organizations, are to be commended for their collaborative approach and willingness to identify gaps and consider opportunities to enhance their community's criminal justice response to OUD/SUD. The planning committee that oversaw this needs assessment is well-positioned to become the foundation of a formalized cross-sector team focused on prioritizing and coordinating resources from across the County to successfully implement the recommendations contained in this report.

Individuals Interviewed

Arrowhead Regional Corrections, Northeast Regional Corrections Center

- Phillip Greer
- Katy O'Sullivan

Board of Public Defense, Sixth Judicial District, Chief Public Defender

- Dan Lew

Center for Alcohol and Drug Treatment

- Melissa Latimore
- Tina Silverness

Community Corrections Act – St. Louis County Probation

- Kathleen Lionberger
- Focus group of current probation officers

Duluth Bethel

- Dennis Cummings
- Lisa Rindal
- Randi Shea

Duluth Police Department

- Craig Lindberg
- Jess McCarthy

Essentia Health and St. Lukes

- Katie Bauman
- Dr. Joe Bianco
- Dr. Beth Bilden
- Kelly Black
- Dr. Nick Van Deelan
- Dr. Kristi Estabrook
- Dr. Ifeyinwa Igwe
- Dr. Allison Juba
- Amber Marten
- Dr. Kelly McKinnon
- Dr. Lisa Prusak
- Dr. Adam Riutta
- Dr. Hannah Salk
- Dr. Erik Sather
- Dr. John Woods

Fond du Lac Community Health Services, Center for American Indian Resources

- Taylor Boesel
- Richard Colsen
- Fredericka DeCoteau
- Debra Mallery
- Caitlyn Taylor
- Terri Tidaback

Human Development Center

- Cody Lindquist
- Cara Walt

Recovery Alliance Duluth

- Beth Elstad
- Julie Vena

Rural AIDS Action Network

- Deb Hernandez
- Sue Purchase

Sixth Judicial District

- The Honorable Shaun Floerke
- Bri Sathre
- Lindsay Snustad

St. Louis County Jail

- Dr. Todd Leonard (MEnD Correctional Care PLLC)
- Jessica Pete
- Mary Roling

St. Louis County Public Health and Human Services Department

- Erin Bolton
- Gena Bossert
- Kyle Heyeson
- Dusty Letica

¹ The data was collected from St. Louis County Computer Aided Dispatch (CAD), the Minnesota Department of Health, and the Shield Records Management System (RMS).

² Minnesota DHS 2016 DAANES Report

³ The data was collected from St. Louis County Computer Aided Dispatch (CAD), the Minnesota Department of Health, and the Shield Records Management System (RMS).

⁴ <https://www.stlouiscountymn.gov/departments-a-z/public-health-human-services/boards-committees/substance-use-disorder-collaborative>

⁵ <https://www.bmc.org/healthcity/population-health/polysubstance-use-dangerous-fourth-wave-opioid-crisis>

⁶ <https://www.health.state.mn.us/communities/opioids/opioid-dashboard/index.html>

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3272222/>