

SPOTLIGHT: Kenton County Detention Center SAP (Substance Abuse Program)



In 2016, Kentucky was identified by the CDC (Centers for Disease Control and Prevention) as the state fifth-hardest hit by the opioid crisis.ⁱ Kenton County is among many regions throughout the state that is starved for adequate resources to combat the crisis and provide treatment for those struggling with a substance use disorder (SUD). Mirroring a national trend, there has been a significant increase in the percentage of people admitted to the Kentucky Department of Corrections who report having used heroin in the 12 months prior to incarceration.ⁱⁱ

Kenton County Detention Center's Substance Abuse Program (SAP) provides treatment for residents struggling with SUDs and facilitates their transition into community-based care up to and including Intensive Outpatient Programming. The program aims to expand and improve SUD treatment pre- and post-release, decrease drug overdose morbidity and mortality, and reduce recidivism related to substance use and relapse. Kenton County employs a multi-faceted biopsychosocial approach to treatment combining medication, cognitive and behavioral therapies, therapeutic community living environments, and referral to community-based providers upon release.

The program began as a pilot in 2015 with 70 men. The pilot was developed and launched by Jason Merrick, the director of inmate addiction services at the detention center. Merrick and Kenton County jailer, Terry Carl, created the program after conducting extensive research on similar programs operating in corrections departments throughout the state.

When the pilot at Kenton County Detention Center proved a success, Merrick worked to expand the program within the detention center and sought sustained funding, which was secured in 2015 when legislation was passed allowing state tax dollars to be spent on SAP for county inmates.

How It Works

The Kenton County Detention Center is licensed by the state as a residential AODE (Alcohol and Other Drug Entity) with a client capacity of 125 (providing for approximately 90 men and 35 women). Programming

A brick and mortar inpatient treatment facility is going to cost millions, maybe even tens of millions of dollars to build, and we already have that. We have the beds, we have the food—it's a state-of-the-art facility and everyone is here being taken care of. All we had to do was plug in these social services. It was a no-brainer and an easy fit. The entire jail staff is determined to change the way we view and respond to addiction.

– Jason Merrick, MSW, CADC,
Director of Inmate Addiction Services

includes a diverse array of therapies as well as education, 12-Step programs, and life skills training. While the majority of participants in the SAP program engage voluntarily, some are court-ordered to attend or referred by the state. All participants are assessed for program eligibility by trained staff upon entry. The program is always at full capacity but can accommodate interested parties within 10-14 days.

Medications are used in conjunction with cognitive and behavioral therapy for detoxification, stabilization, and maintenance. These services are also specialized for pregnant women. Once participants with an opioid use disorder have completed 30 days of therapeutic programming, they can volunteer to receive injectable naltrexone (Vivitrol®), an antagonist medication that helps to prevent relapse. Residents who qualify are educated about the medication and given their first injection 1-2 days before being discharged. Participants are connected with a clinician pre-release who helps them with Medicaid enrollment and connects them with an appropriate community provider to ensure continuity of treatment. Upon release from the detention center, participants may be transported to the community provider for an intake evaluation.

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How It Is Innovative

The Kenton County Detention Center was built in 2010 with programs like SAP in mind. The building is a “Direct Observation Facility” (a growing architectural trend in the correctional industry). In lieu of individual barred cells, the facility is made up of dormitories, each of which can house 70-80 residents. Dorms are organized around a central common area with a recreation yard attached. The spaces are designed to have an educational feel and encourage a communal atmosphere. The detention center is wired with Ethernet and the dorms where programming takes place have classrooms equipped with multimedia resources such as mobile computer terminals, whiteboards, and TV carts. Due to the centralized layout, only one deputy is stationed per dorm. Direct observation facilities require fewer staff than traditional carceral layouts, take up less space, and cost less to build. Research has shown that direct observation facilities experience fewer security incidents than traditional designs and improve relations between inmates.

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Demonstrated Success

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A study conducted by the KY Department of Corrections reported in 2016 that among SAP participants from Kentucky jails, prisons, and community corrections facilities interviewed 12 months post-release...

- 52.1% did not use any illicit substances in the years since release.
- 71.0% were not incarcerated.
- 88.5% were living in stable housing.
- 66.4% were employed.
- 76.6% attended 12-Step meetings.
- 51.5% did not have feelings of depression or anxiety.
- 74.6% reported spending the majority of their free time with family.
- 77.7% reported providing financial support to their children.

Treatment participants noted positive outcomes of SAP, including...

- 81.4% felt better about themselves as a result of treatment.
- 79.4% considered the treatment program to be successful.

Cost offset analysis indicated that...

- For every \$1 spent on Kentucky corrections-based substance abuse treatment, there is a \$4.46 cost offset.ⁱⁱⁱ

Stakeholders & Partners

The SAP program at Kenton County Detention Center partners with a handful of community-based providers, including Florence Medical Group, St. Elizabeth Physicians, and addiction specialists at Christ Hospital. Research partners at the University of Kentucky continue to conduct in-depth studies of the program to measure outcomes and play a vital role in program development. The program is funded by Kenton County and the State of Kentucky.

The Future of Kenton County SAP

Like many communities particularly hard-hit by the opioid crisis, Kenton County lacks adequate treatment and recovery resources. Director Merrick is hopeful that more resources will be developed, as access to quality treatment is vital to the success of the SAP program and to community-wide efforts to properly address addiction and support recovery.

Currently, the program is not available for individuals who are incarcerated for short periods of time (5-7 days). Individuals who detox in jail without treatment are at high risk for overdose post-release due to their decreased tolerance. Offering medication-assisted treatment to short-term cases and connecting these individuals to a community-provider pre-release would help to save lives and reduce substance use-related recidivism. Such a change to protocol, however, would require dramatic shifts in funding and insurance policy (residents cannot be on Medicaid while they are incarcerated). \$46,000 to operate in one dorm and required a minimal clinical staff.

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Resources & References

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- ii. Staton-Tindall, M., McNeese Winston, E. (2016). **Criminal Justice Kentucky Treatment Outcome Study (CJTOS) FY16 Report.** http://cdar.uky.edu/cjktos/Downloads/CJTOS_FY2016_Final%20Report.pdf
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