

RE: Thank you and follow-up questions

Subject: RE: Thank you and follow-up questions
From: Jonathan Darling <JONATHANDARLING@bcso-ma.org>
Date: 10/22/19, 2:02 PM
To: 'David Ehrens' <david.ehrens@zoho.com>
CC: Judy Borges <JUDYBORGES@bcso-ma.org>, Beth Cheney <bcheney@cpsmh.org>, Jennette Barnes <jbarnes@s-t.com>

Hi Mr. Ehrens,

I agree, I think we can do a better job at sharing with the public about our Mat and substance abuse programs. I'll be working to update our website with more information on this. I believe you'll find your answers there in weeks ahead.

Thanks,

Jonathan Darling
Public Information Officer
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JonathanDarling@bcso-ma.org

From: David Ehrens [mailto:david.ehrens@zoho.com]
Sent: Friday, October 18, 2019 9:45 AM
To: Jonathan Darling
Cc: Judy Borges; Beth Cheney; Jennette Barnes
Subject: Re: Thank you and follow-up questions

Jonathan,

The public would be well-served by knowing what types of MAT treatment the BCSO currently offers its prisoners.

It is my understanding that there are at least 3 types of MAT (or medication assisted treatment) in use today. Clinicians tell us that different people do better using different treatments and that it varies by person.

Experts also tell us that all three types should be accompanied by counseling. They are:

Methadone - Methadone is an opiate and this treatment has the closest supervision. People who use it start by attending a Methadone center daily and the medication is handed out at the site. Gradually,

they attend on site less often and have take home doses as they progress through the treatment
Buprenorphine (also called suboxone) - This is a daily medication that is prescribed, usually starting a week at a time. The treatment is usually accompanied by weekly (sometimes more, sometimes less frequently) counseling

Naltrexone (also called vivitrol) - this is a monthly shot which stops the cravings for the drug.
Although some people have been helped by this treatment there are a number of problems with it. First of all, the person needs to be off opioids for 7-14 days and that is very difficult for an active user. Second, because most programs will only see someone monthly, many people find they need more frequent contact to help them to change around their life and not use

There is now a law in place [AN ACT FOR PREVENTION AND ACCESS TO APPROPRIATE CARE AND TREATMENT OF ADDICTION](#), which mandates that a pilot program using all 3 types of MAT be implemented at 5 pilot county jails - currently: Franklin, Hampden, Hampshire, Middlesex and Norfolk counties.

My questions are:

Are there plans for Bristol County to participate in MAT programs? If so, what is the timeline?
What types of MAT (particularly with reference to the list above) does the BCSO offer to prisoners?
To whom, and under what conditions?

Are these therapies offered across the board to pre-sentencing and sentenced prisoners without qualification? If not, what are the qualifications for a prisoner to obtain treatment?

Would the BCSO consider offering Suboxone and/or Methadone treatment? If not, why not? If so, how?

Is MAT available for people only when they are ready to leave or during their stay? I ask this question because a single pre-release application of vivitrol is controversial.

If MAT is offered at all, is it offered only for those who were on MAT prior to their placement at the jail or are you "inducting" people at the jail (induction refers to the initial phase of treatment and this is important because there are people in jail who could benefit from MAT but didn't start it before.

Many correctional facilities will only provide MAT to people who were in it prior to entering)?

For people who have been started on MAT, what kinds of follow-up care and services does the BCSO arrange for people who are being discharged?

If these questions require the assistance of your clinical provider, please direct them to provide the answers.

Thank you,

David Ehrens

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On Sep 24, 2019, at 9:15 AM, Beth Cheney <bcheney@cpsmh.org> wrote:

Good Morning David,

I hope the article I shared was helpful in providing some of the context for the status of MAT in Massachusetts.

You could also try Massachusetts Sheriff's Association if you want an update on which counties are in the pilot. I am not trying to be difficult, however each county is in different phases of implementing MAT and I don't want to misspeak, misrepresent or speak on their behalf.

In Bristol, we have been providing vivitrol since March 2017.

We presently provide subutex (a MAT) to pregnant females.

We are in the application process to obtain licensure as an OTP so that we are able to provide MAT services in Bristol.

We are applying for grant funding (specific for MAT in MASS), to facilitate the infrastructure, staffing and general costs of operating a MAT program within a correctional facility.

Hope this helps.

Beth

On Mon, Sep 23, 2019 at 8:48 AM David Ehrens <david.ehrens@zoho.com> wrote:

I spoke to Beth on the phone. She told me verbally she could not provide any further information without BCSO approval. As you know, many clinicians do not regard vivitrol as MAT. There's a lot more to it. Rhode Island offers a good example of something approaching "real" MAT in a carceral setting. I would like to understand exactly what BCSO is offering at this time.

As it stands, Beth is waiting for you to authorize giving me information. It sounds like she is the best-placed person to provide a good description of what BCSO is paying CPS to provide.

David Ehrens

---- On Mon, 23 Sep 2019 08:41:13 -0400 Jonathan Darling <JONATHANDARLING@bcso-ma.org> wrote ----

I know we do offer MAT to inmates, such as vivitrol and others, and we're in the process of offering more MAT to inmates based on grants and guidelines from the Mass. DPH. The Sheriff's Offices you see in the papers and on the news expanding their MAT are taking part in a pilot program with methadone and other medications such as that. Bristol County is in the control group of that measure along with Plymouth and Barnstable I believe. We're going to look at the data from the trial and see if it's effective before making any decisions.

RE: Thank you and follow-up questions

I saw your correspondence with Beth but as you stated, it was not directed to me, just CC'd as a courtesy. Also, I do not believe she said she had to check with me before answering your questions. I believe she said she would "fill in the blanks."

If you feel that CPS is not answering your questions, that's an issue between you and CPS.

If you have any questions for the Bristol County Sheriff's Office, feel free to send them my way and I can try to track down some answers.

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From: David Ehrens [<mailto:david.ehrens@zoho.com>]
Sent: Monday, September 23, 2019 8:25 AM
To: Jonathan Darling
Subject: Re: Thank you and follow-up questions

Thanks. I made an inquiry about BCSO's level of participation in MAT programs that CPS offers elsewhere. Beth Cheney said she had to check with you before answering my questions. All I know is that at the 287(g) hearing Sheriff Hodgson offered reasons for not participating in them and he is also quoted in a S-T article saying he would not participate, but I do know that several other sheriffs are experimenting with MAT and things may have changed. I would appreciate being able to find out the level of medically-assisted treatment offered to prisoners as of this moment.

David Ehrens