

BEHAVIORAL HEALTH TREATMENT IN LOCAL DETENTION FACILITIES IN MONTANA

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The views and opinions expressed in this report are those of the authors and do not reflect the official policy or position of any agency of the government of the State of Montana.

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STUDY SUMMARY

As part of the State Opioid Response (SOR) funding to reduce adverse outcomes of opioid use in Montana, the Addictive and Mental Disorders Division (AMDD) of the Montana Department of Public Health and Human Services (DPHHS) and the Montana Board of Crime Control (MBCC) are working to support local detention facilities to better address the behavioral health needs of individuals who are incarcerated. During the course of this study, a survey was developed and distributed to jail commanders, sheriffs, and detention captains across the state. A set of interviews were conducted over the telephone with counties that did not have a jail or detention center to try to increase the geographic coverage of the study and expand understanding about how criminal justice agencies in these counties engage individuals with substance use disorders or adverse substance use. The primary goal of this study was to get a better understanding of behavioral health needs for Montana's incarcerated population.

Key Findings

- Methamphetamines and opioids are the primary illicit substances of concern for respondents
- Forty percent of respondents believe that at least half of their inmate population has co-occurring mental health needs
- Although sites report using medical screeners, there is wide variation in what instruments they use for additional screening for mental health or substance use disorders
- All but one respondent stated that if an individual requests a screening for behavioral health services at any time they are in custody, they are able to receive it
- Most of the facilities with small inmate populations hold individuals for short periods of time, either before trial, temporarily, or for transport only
- For the larger facilities that have a larger population of post-adjudication inmates, access does not appear to be a major concern, but there may be value in examining the quality of behavioral health services that they access in their communities
- Jail and detention center staff indicate an interest in regular training, on topics such as how to apply and use standard screening instruments, how to coordinate with community-based providers, and how best to engage inmates who are repeatedly placed in detention for substance use
- The majority of sites reported that they have interest in learning more about MAT

BACKGROUND

Individuals with behavioral health issues, which include both mental health and substance use disorders, are disproportionately represented in the United States justice system, including in jails and prisons. An estimated 16% of the US jail population has a serious mental illness and 68% has a substance use disorder, compared with only 5% and 9% of the US population at large (SAMHSA, 2017). In Montana, the Addictive and Mental Disorders Division (AMDD) of the Montana Department of Public Health and Human Services (DPHHS) and the Montana Board of Crime Control (MBCC) support local detention facilities as they respond to the behavioral health needs of inmates. To better quantify the impact of behavioral health concerns on local detention facilities and understand the gaps and barriers to meeting these needs, MBCC and AMDD undertook a survey of these facilities in the summer of 2020. This report details the results of this survey.

This study aims to provide state agencies with additional information about how the behavioral health needs of those being detained by local law enforcement are being addressed within Montana counties. While this study focuses partly on opioid use, it includes questions about mental health and all forms of substance use in an attempt to gain a more complete understanding of how substance use and mental health care services are or are not made available to Montana's incarcerated population.

Data was collected for 30 of the 56 counties in Montana. In this report, counties are split into those that do not have a jail or detention facility and transport all inmates, those that have a short-term hold facility, and those with a jail or detention center.

METHODS

Research Questions

1. How do detention and hold facilities, as well as counties that transport individuals for holding, identify and address behavioral health needs of individuals during the duration of their holding?
2. What specific treatment modalities are available at or through each facility for opioid use disorder and stimulant use disorder specifically?
3. What opportunities and barriers exist to expand screening, evaluation, and treatment of the behavioral health needs of individuals in holding facilities and jails?

Study Design

Data gathering

This study used 2 types of primary data collection—an electronic survey and telephone interviews. Staff at JG Research & Evaluation and Loveland Consulting developed the survey instruments, which were approved by AMDD and MBCC staff. After the completion of a preliminary survey instrument, pilot interviews were completed with 3 different detention facilities. The feedback provided during the pilot surveys was integrated into the final survey instrument. An electronic link to the survey was emailed by MBCC to all jail commanders, sheriffs, and detention captains in the state between July 28 and September 15, 2020. Three waves of email-based requests for survey completion were sent, along with one wave of follow-up phone calls. In total, 20 counties completed the electronic survey.

To complement the data collection via electronic survey, the research team completed brief telephone interviews with staff in counties that do not have a jail or detention center. A total of 10 counties completed the brief telephone survey. Results presented focus primarily on those detention facilities that completed the survey, with interview data from the holding facilities and transport-only jurisdictions incorporated throughout to offer insight on how law enforcement staff in smaller and more rural communities respond to behavioral health needs.

Data analysis

All data gathered from both the survey and phone interviews was analyzed primarily as quantitative measures of demand, access, and use related to behavioral health care for individuals held at or transported to a detention facility. Quantitative data analysis is descriptive and focused on providing counts and proportions. In all tables presented here, descriptive statistics are presented both for individual facilities and for totals across all facilities. Descriptive statistics are presented for the total number of facilities in the sample that selected a given response.

Both survey respondents and individuals interviewed on the phone were also asked open-ended questions about opportunities and barriers they see to expanding behavioral health care during detention. This qualitative data is used to expand on the results of the quantitative analysis and is presented as individual quotes that add depth or nuance to the quantitative summary.

Limitations

The main limitation of this study was the difficulty of securing responses from all detention facilities in Montana, which was likely due to a combination of factors. The survey was conducted during the novel coronavirus outbreak. Because jails and other detention facilities were high-risk settings for clusters of cases, many commanders were likely focused solely on keeping their facilities safe and were not as responsive as they might have otherwise been. In addition, our results suggest that many facilities do not have expansive behavioral health care capacity and respondents might have been hesitant to provide information about a lack of capacity. Finally, many counties in the state do not have a detention facility, and some lack even a hold facility. Thus some relevant individuals did not receive the initial email with the survey link, and follow-up interview requests required extensive efforts to track down the appropriate respondents, not all of whom responded to voice mails and phone requests.

Profile of Respondents

Combining the electronic survey and phone interview results, the study had an overall response rate of 54%. Thirty out of Montana’s 56 counties are represented in the results of this study. Twenty-one of the respondents were from counties with a jail or detention facility (dark green) and completed the survey, 4 were from counties with a holding facility (medium blue), and 5 were from counties that transport all individuals who need to be held by a law enforcement agency (light blue), both of which participated in the study as interviewees. Despite the limitations noted, responses reflected geographic diversity as well as representation from each type of facility.

Figure 1. Map of study respondent locations by type of facility

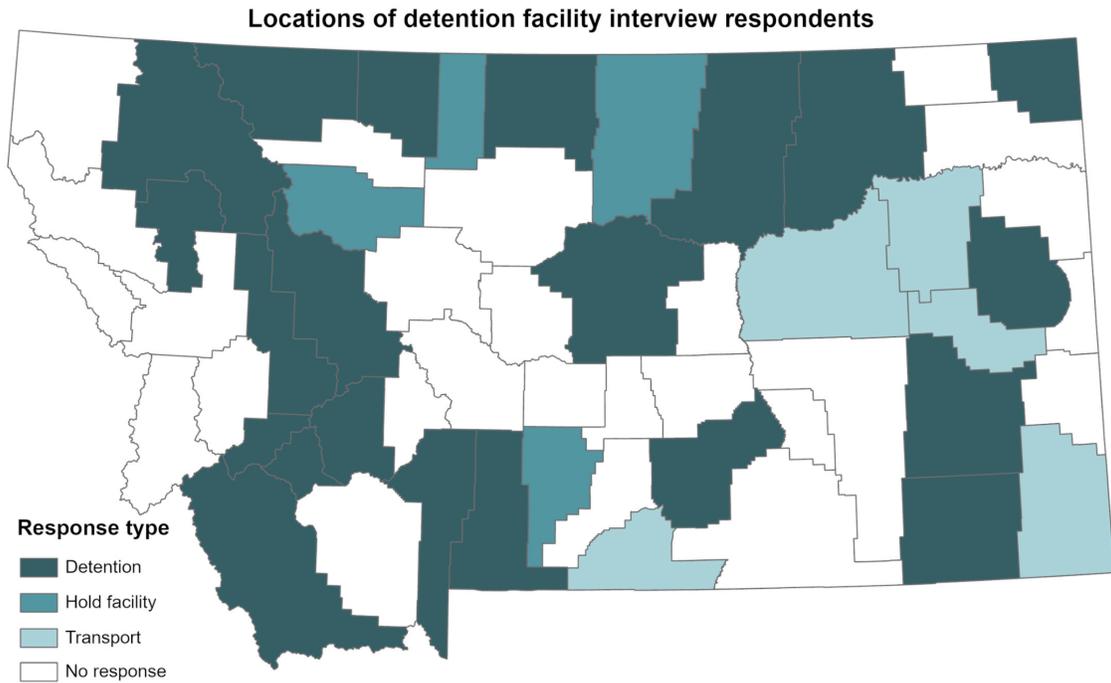


Table 1 presents characteristics of those facilities that completed the electronic survey, which included questions about their current populations and the reasons individuals were being held. Pretrial detention was the most common reason individuals were in custody at a jail facility. Forty percent of individuals were post-adjudication, a period of incarceration that varies considerably across the state of Montana. The population of individuals in custody varied according to the relative population of the county. The ratio of male to female inmates detained was 4:1. Transport-only and holding facilities tend to be located in rural areas and serve few individuals at any one time.

Table 1. Characteristics of facilities that completed the survey (n = 20)

Facility	Respondent type	Number of individuals in custody, by reason, June 1, 2020					Gender of individuals in custody as of June 1, 2020 ^a	
		Pretrial	Holding for sentencing after trial	Holding to be placed in prison	Holding for other jurisdictions	Serving a sentence	Males	Females
Anaconda/Deer Lodge County Detention Center	Other	5		1			6	
Beaverhead County Detention Center	Sheriff	4	0	3	0	1	4	5
Butte Silver Bow County Montana Detention Center	Other	57	39	23	4	39	80	19
Custer County Detention Center	Other	16	3	3	2	0	17	5
Dawson County Correctional Facility	Other	13	2	4	4	2	23	2
Flathead County Detention	Jail commander	104	30				92	12
Fergus County Detention Facility	Jail commander	1	3	3	1	2	9	1
Gallatin County Detention Center	Other	108		7	53	16	153	31
Glacier County Detention Center	Jail commander	2	1	0	0	0	3	0
Hill County Detention Center	Other	33		3			32	11
Jefferson County Detention Center	Jail commander	9	1	2	1	1	13	1
Lake County Detention Facility	Jail commander	27	2	3	3		31	6
Lewis and Clark County Sheriff's Office Detention Center	Detention captain	70	1	25	6		80	27
Park County Detention Center	Detention captain	11					8	3
Phillips County Jail	Sheriff							
Powder River County Jail	Undersheriff	9			9		10	8
Powell County Detention Facility	Sheriff	1	0	6		0	5	2
Sweet Grass County, holding facility	Sheriff					0	0	
Toole County Detention Facility	Undersheriff	5	0	0	0	0		5
Yellowstone County Detention Facility	Other							
TOTAL		470 (60%)	82 (10%)	83 (11%)	83 (11%)	61 (8%)	560 (80%)	138 (20%)

Note: Shaded cells indicate the question was not answered by the respondent or the question was not applicable to the respondent.

^a These numbers show only individuals who are 18 years old or older.

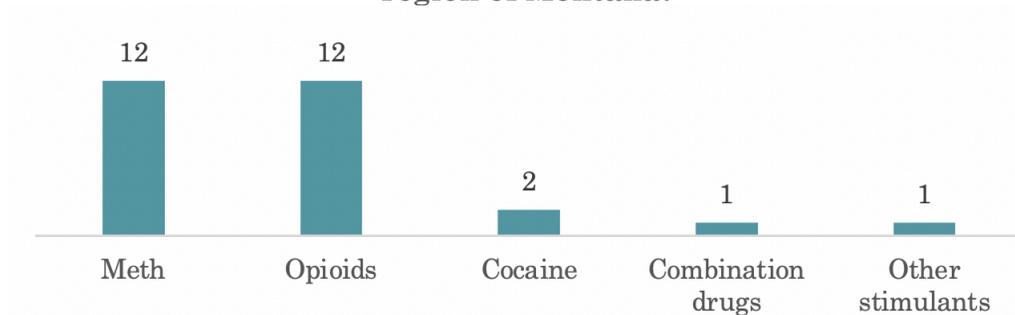
RESULTS

Behavioral Health Characteristics of Inmates

Respondents were asked to describe behavioral health needs in their community and among the population of inmates in their detention facility. Figure 2 shows that when asked to rate the emerging illicit drug issue of most concern in their community, respondents most commonly listed methamphetamine and opioid use.

Figure 2. Major drugs of concern in Montana

What do you see as being the emerging illicit drugs of concern in your region of Montana?



Figures 3, 4, and 5 highlight the relative dominance of stimulants over opioids as the primary substance used by individuals in custody. Five of the 20 respondents (25%) stated that 50% or more of individuals in their custody use opioids as their primary substance, compared with 10 of the 20 (50%) who said that stimulants are the primary substance for 50% or more of the individuals in their custody. All respondents said that at least some of the individuals in their custody have co-occurring mental health needs, and 42% of respondents said that 50% or more of the individuals in their custody have co-occurring mental health needs. The total number of respondents who selected a given range are reflected in figure 3, for example, 8 sites reported that 1 to 25% of those held use opioids as their primary substance.

Figure 3. Proportion of individuals held using opioids as primary substance

What percentage of individuals in your custody do you estimate use opioids (heroin, oxycodone, fentanyl, etc.) as their primary substance?

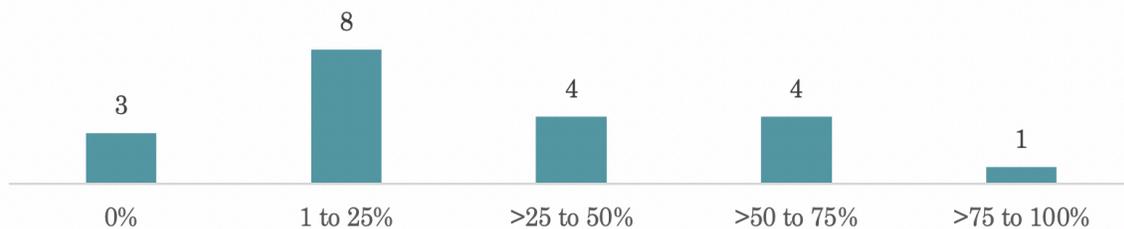


Figure 4. Proportion of individuals held using stimulants as primary substance

What percentage of individuals in your custody do you estimate use stimulants (i.e., methamphetamine or cocaine) as their primary substance?

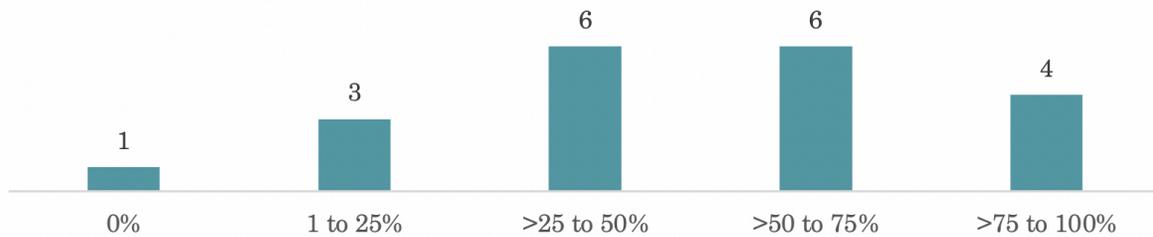
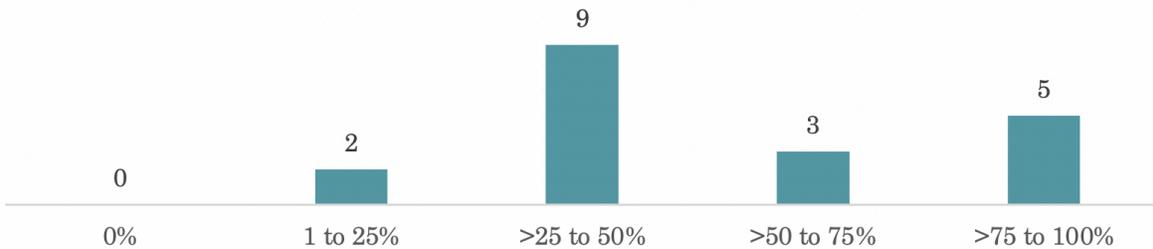


Figure 5. Proportion of individuals held with co-occurring mental health needs

What percentage of your inmates do you estimate have co-occurring substance use and mental health needs?



In addition, respondents are more concerned about stimulant use among their inmate population than about opioid use (Appendix A). Fifty percent of respondents believe that at least half of their inmate population has a stimulant use disorder while 25% of respondents believe that at least half of their inmate population has an opioid use disorder. Forty percent of respondents believe that at least half of their inmate population has co-occurring mental health needs.

Table 2 on the following page provides the estimated percentages of individuals in each facility thought to have an opioid use disorder, stimulant use disorder, and co-occurring substance use and mental health needs.

Table 2. Estimated percentages of individuals with opioid use disorder, stimulant use disorder, and co-occurring substance use and mental health needs

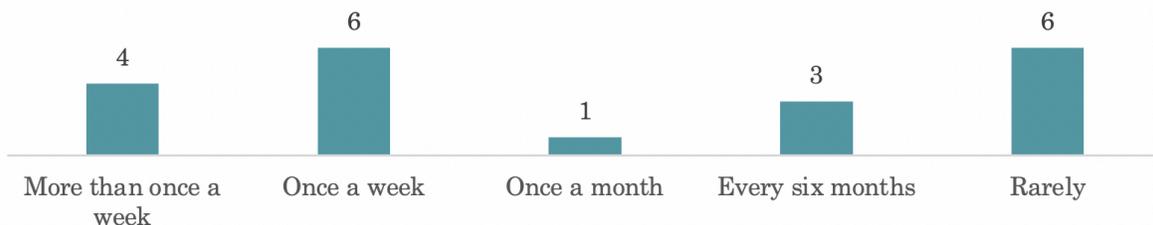
Facility	% with opioid as primary	% with stimulant as primary	% with co-occurring substance use and mental health needs
Anaconda/Deer Lodge County Detention Center	0%	90%	40%
Beaverhead County Detention Center	10%	10%	
Butte Silver Bow County Montana Detention Center	75%	75%	95%
Custer County Detention Center	55%	30%	35%
Dawson County Correctional Facility	40%	60%	35%
Fergus County Detention Facility	75%	75%	100%
Flathead County Detention	50%	25%	30%
Gallatin County Detention Center	20%	30%	40%
Glacier County Detention Center	0%	100%	25%
Hill County Detention Center	12%	25%	65%
Jefferson County Detention Center	10%	50%	50%
Lake County Detention Facility	30%	60%	80%
Lewis and Clark County Sheriff's Office Detention Center	10%	50%	75%
Park County Detention Center	80%	90%	20%
Phillips County Jail	10%	75%	50%
Powder River County Jail	50%	75%	75%
Powell County Detention Facility	60%	40%	90%
Sweet Grass County, holding facility	0%	0%	50%
Toole County Detention Facility	25%	30%	50%
Yellowstone County Detention Facility	15%	90%	95%

Note: Shaded cells indicate that the question was not answered

Figure 6 shows the frequency with which facilities report providing medical services to individuals who experience complications from drug use. Most facilities (11 out of 20, or 55%) provide these types of services to an inmate at least once a month. However, more than a quarter report rarely providing these services, even when a high percentage of their incarcerated population has a substance use disorder.

Figure 6. Frequency of referrals of individuals held for medical services

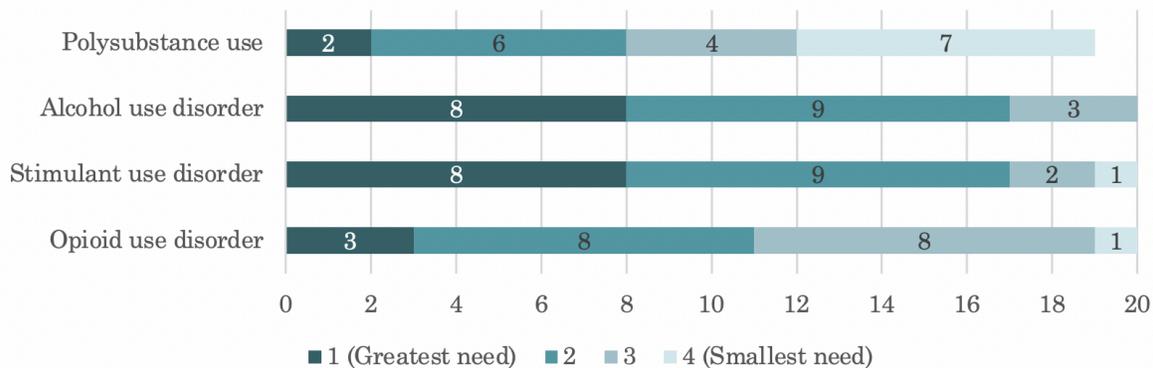
How frequently do you need to provide medical services to, or refer for medical services, individuals who experience medical complications due to drug use (STDs, Hepatitis C, HIV, or other infections diseases associated with IV drug use)?



Respondents were asked to rank the need for various types of substance use treatment programs. Figure 7 shows that the greatest reported treatment needs were for alcohol use disorder and stimulant use disorder.

Figure 7. Greatest treatment needs of individuals held

Do individuals in your custody have a greater need for treatment programs for opioid use disorder, stimulant use disorder, alcohol use disorder, or polysubstance use disorder?



Intake, Screening, and Referral Mechanisms

The survey assessed existing policies and processes for behavioral health screenings, assessments, and referrals.

Screenings

Facilities were asked if additional screening is conducted if an individual screens positive for a substance use or mental health issue during the initial standard medical questionnaire. Table 3 on the following page shows that fewer than half of sites provide this additional screening. Additional mental health screening is more available than additional substance use screening. Nine out of 20 respondents provide additional mental health screening whereas 5 out of 20 respondents offer additional substance use screening.

Respondents from holding facilities and transfer-only counties reported engaging in informal screening processes and said they have mechanisms in place for transferring those who have been identified as needing immediate services to the closest hospital or emergency facility. According to a respondent from Liberty County, the most common strategy is to link an individual in crisis with services as soon as possible.

Yes, if they need an emergency room visit, they go there first—we transport them to the ER and then to the next spot [jail or a mental health facility]. We do not hold people with mental health issues.[...] We don't have any specific screeners—if we suspect there is a problem we deal with it accordingly. We ask about medications[...] Folks that are suspected of drug abuse or alcohol-related offenses are always sent to the hospital for a blood draw.

Table 3. If an individual screens positive for substance use or mental health issues on your standard medical questionnaire, do you conduct any additional screening?

Facility	Yes, additional substance use screening	Yes, additional mental health screening	No	Other
Anaconda/Deer Lodge County Detention Center	X	X		
Beaverhead County Detention Center	X	X		
Butte Silver Bow County Montana Detention Center				X
Custer County Detention Center			X	
Dawson County Correctional Facility	X	X		
Fergus County Detention Facility				X
Flathead County Detention		X		
Gallatin County Detention Center		X		
Glacier County Detention Center			X	
Hill County Detention Center			X	
Jefferson County Detention Center			X	
Lake County Detention Facility	X	X		
Lewis and Clark County Sheriff's Office Detention Center	X	X		
Park County Detention Center		X		
Phillips County Jail			X	X
Powell County Detention Facility			X	
Powder River County Jail				X
Sweet Grass County, holding facility			X	
Toole County Detention Facility			X	
Yellowstone County Detention Facility		X		
TOTAL	5	9	8	4

With the exception of one respondent who did not answer the question, all respondents stated that if an individual requests a screening for behavioral health services at any time they are in custody, they are able to receive it.

Substance Use Screening

The type and timing of additional substance use screening offered by facilities varied widely. Two out of 5 respondents who provide additional substance use screening stated that the screening was conducted on the first day of custody. One respondent stated that they provide the screening within the first week of custody. The last 2 respondents stated “other,” with one respondent conducting a screening within 14 days with a doctor’s assessment and another stating “when [the individual is] sober enough to [give] honest answers.”

Four out of 5 respondents use a substance use questionnaire, and the fifth uses a standard substance use screening instrument. Generally, respondents answered that they had their own “in-house” questionnaires that were a part of the booking process. One respondent specified that they “utilize a special questionnaire for pregnant females with addiction issues, and chemical dependency for those going into Drug Court.”

Holding facilities and transport-only counties tended to rely on informal methods. As noted by a respondent in Teton County, this informal screening is done within the context of limited access to treatment services and supports:

Try to keep them here until they level out or line out—we are at the mercy of other facilities.[...] They usually let us know what we have going on—no formal screeners.[...] Nothing formal—they just need liquids, apple juice.

Within the context of limited access to broader treatment services, jails often serve as the de facto detox facility in Montana communities that lack access to a medical detox facility or hospital for crisis care in the event of an emergency. Interviewees also note that individuals who use the jail as a detox facility are often “frequent fliers” who cycle through their facility multiple times. Interviewees expressed more comfort with providing informal withdrawal management for those who are visibly intoxicated with alcohol than for those who may have been using a drug. Interviewees provided little information about how they identify polysubstance use.

Mental health screening

Though responding facilities were more likely to provide additional mental health screening than substance use screening, the timing for this type of screening varies widely and screening tools are not standardized across sites. Three out of the 9 respondents who provide additional mental health screening stated that they conducted the screening during the first day of custody, and 2 stated that they conducted the screening within the first week. Four of the 9 respondents who picked “other” explained that additional mental health screenings were conducted as soon as possible or “right away if suicidal.” Another respondent who chose “other” stated that “anyone who has a [mental health] concern in initial screen is seen within a couple of days. We have our [mental health] staff meet with everyone within the first 14 days.”

The majority of sites that provide additional mental health screening (6 out of 9) use an in-house mental health questionnaire, while 2 out of 9 use a standard mental health screening instrument. One respondent did not answer the question.

In describing their in-house questionnaire, 1 respondent stated that it “includes brief mental status exam, mental health history, and a risk assessment, suicide, medications.” Another specified that their questionnaire is a “mental health/suicide screening form that was approved by Montana Highway Patrol (MHP) that covers basics of current thoughts and plans as well as history of treatment and diagnosis.”

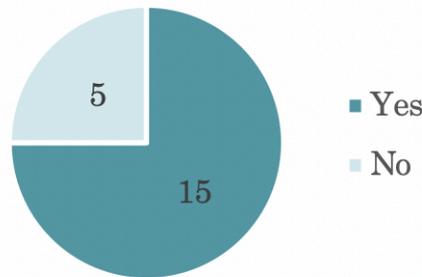
For all transport-only and holding facility respondents, mental health concerns are immediately transferred to an external partner such as an emergency department at a hospital or mental health care provider. Valley County described a coordinated response system between the sheriff’s department and the judge, wherein staff from the sheriff’s department complete an initial screening related to basic medical condition and mental well-being, which is used by the judge to make referral determinations. Upon the conclusion of this assessment, “if they don’t pass the screening, they are taken to the hospital to be medically cleared.”

Referral mechanisms

Figure 8 shows that 75% of facilities have policies and procedures in place for when an inmate requests behavioral health services. The 5 facilities that completed the survey and reported that they do not have policies and procedures are Glacier County Detention Center, Flathead County Detention, Fergus County Detention Facility, Gallatin County Detention Center, and Powder River County Jail.

Figure 8. Policies and procedures when individual requests behavioral health services

Do you have policies and procedures for what to do when an inmate requests behavioral health services (this includes services for substance use and/or mental health conditions)?



The presence of policies and procedures for behavioral health assessment was more varied among the holding and transport facilities that completed the telephone interviews. Prairie, Sheridan, Valley, and Carbon Counties reported that deputies within the sheriff's department had undertaken specific training in completing assessments related to behavioral health needs, as exemplified by the following quote from Prairie County:

All arresting officers are trained to identify if it is a substance use or mental health situation.[...] Undersheriff is trained on identifying what substance a person might be using, and if he is not available, they take the individual to a hospital.

Other counties, however, reported that they relied on an informal assessment approach, best articulated by a respondent from McCone County: *"We don't have a set of specific questions—just ask based on how they are looking."*

Variation in the presence of clear policies and procedures presents an opportunity for AMDD and MBCC to support local jails and detention facilities in the development of these processes for both substance use and mental health needs.

Treatment for Mental Health and Substance Use Disorders

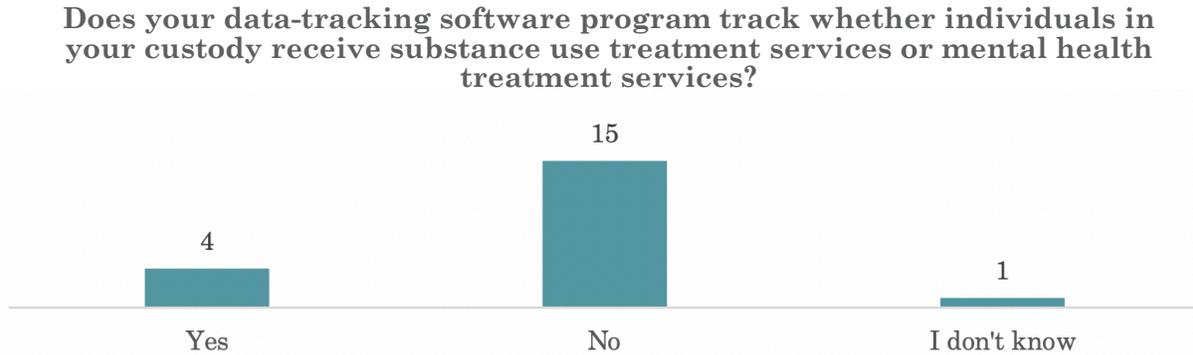
With the high prevalence of mental health and substance use disorders among the population of inmates in Montana detention facilities, the need for access to treatment for mental health and substance use disorders is pressing.

Being able to track which inmates are receiving substance use treatment or mental health services is an important strategy for understanding the individual needs of the inmate population. However, Figure 9 shows that only 4 out of 20 facilities (20%) use data-tracking

software to track whether individuals in their custody received substance use treatment or mental health services.

The facilities that track individuals' substance use or mental health treatment services are Phillips County Jail, Hill County Detention Center, Powder River County Jail, and Lewis and Clark County Sheriff's Office Detention Center.

Figure 9. Data tracking of behavioral health treatment



Diversion Efforts

One evidence-based strategy for facilitating access to substance use and mental health treatment for individuals involved in the justice system is to create pathways to appropriately divert individuals who present with behavioral health crises in the community away from the justice system and into existing behavioral health resources in the community. Table 4 shows how each responding detention facility is engaged with local crisis planning and diversion programming.

Overall, respondents indicated that there is a need for diversion programs in their community with 11 out of 20 respondents using them in some capacity and 4 out of 20 respondents stating that they are needed in their community. Relatively few sites report participating in a local crisis coalition. A majority of respondents (11 out of 20) stated that a court-run diversion program for individuals with substance use treatment exists in their community and that it is used, and nearly half (9/20) have alcohol testing services, like a 24/7 Program, that can be used for diversion.

Table 5 shows that few facilities have any influence on court decisions regarding substance use and mental health treatment plans for individuals in custody. Only 3 facilities (Jefferson County Detention Center, Powell County Detention Facility, and Lake County Detention Facility) stated they had input into substance use treatment plans, and only 2 facilities stated that they had input into mental health treatment plans (Anaconda/Deer Lodge County Detention Center and Powell County Detention Facility). The Powell County Detention Facility was the only facility that had input into both substance use and mental health treatment plans with the courts. Among transport-only and holding facility counties, respondents had a higher degree of involvement with courts; Sheridan, Valley, Teton, and Carbon Counties implied there was a collaborative assessment process that included judges and the detention facility.

Involvement with court-supported mental health and/or substance use treatment plans varied by response. Generally, respondents stated that they were involved only if the court had ordered the services as part of sentencing.

Table 4. Presence of and participation in community diversion programs by facility

Facility	Yes, there is a local crisis coalition and we participate in it	Yes, there is a local crisis coalition but we do not participate in it	Yes, there is a court-run diversion program and we participate in it	Yes, there is a court-run diversion program but we do not participate in it	Yes, we provide alcohol testing services for the diversion program (i.e., 24/7 Program)	No, but there is a major need for diversion programs in our community	No, but there is not a major need for diversion programs in our community	I don't know
Anaconda/Deer Lodge County Detention Center	X				X			
Beaverhead County Detention Center					X	X		
Butte Silver Bow County Montana Detention Center			X		X			
Custer County Detention Center			X		X			
Dawson County Correctional Facility			X		X			
Flathead County Detention					X			
Fergus County Detention Facility								X
Gallatin County Detention Center			X		X			
Glacier County Detention Center			X					
Hill County Detention Center	X		X					
Jefferson County Detention Center						X		
Lake County Detention Facility			X					
Lewis and Clark County Sheriff's Office Detention Center	X			X				
Sweet Grass County, holding facility			X					
Park County Detention Center			X					
Phillips County Jail					X			
Powder River County Jail						X		
Powell County Detention Facility						X		
Toole County Detention Facility			X					
Yellowstone County Detention Facility		X	X		X			
TOTAL	3	1	11	1	9	4	0	1

Table 5. Responses to input into the decisions of courts regarding substance use and mental health treatment plans for inmates

Facility	Do you have input into the decisions of the courts in regard to substance use treatment plans for individuals in your custody?	Do you have input into the decisions of the courts in regard to mental health treatment plans for individuals in your custody?
Anaconda/Deer Lodge County Detention Center	No	Yes
Beaverhead County Detention Center	No	No
Butte Silver Bow County Montana Detention Center	No	No
Custer County Detention Center	No	No
Dawson County Correctional Facility	No	No
Fergus County Detention Facility	No	No
Flathead County Detention	No	No
Gallatin County Detention Center	No	No
Glacier County Detention Center	No	No
Hill County Detention Center	No	I don't know
Jefferson County Detention Center	Yes	No
Lake County Detention Facility	Yes	No
Lewis and Clark County Sheriff's Office Detention Center	No	No
Park County Detention Center	No	No
Phillips County Jail	No	No
Powder River County Jail	No	No
Powell County Detention Facility	Yes	Yes
Sweet Grass County, holding facility	No	No
Toole County Detention Facility	No	No
Yellowstone County Detention Facility	No	No

Treatment Services Available

If individuals with behavioral health needs are detained in jails, facilities can provide access to behavioral health care and medical services either on- or off-site, though there are many challenges to staffing and funding these services. Table 6 provides a list of on-site services reported by facilities. The most common on-site health services provided are mental health services (12 out of 20), emergency medical services (11 out of 20), and primary care medical services (10 out of 20). Access to on-site substance use treatment is less common, with only 6 respondents offering this service. The same number of respondents also provide emergency detox services for alcohol or other withdrawals. Outside of brief detoxification, no transport-only or holding facility counties reported the provision of behavioral health services on-site.

Table 6. Health services available for individuals in custody at the facility

Facility	Substance use treatment services	Mental health services	Primary care medical services	Emergency medical services	Emergency detox services for alcohol or other withdrawal	Other medical services	We do not provide any health services for inmates
Anaconda/Deer Lodge County Detention Center	X	X					
Beaverhead County Detention Center	X	X	X	X			
Butte Silver Bow County Montana Detention Center	X	X		X	X		
Custer County Detention Center	X	X	X	X			
Dawson County Correctional Facility	X	X	X	X			
Fergus County Detention Facility		X	X				
Flathead County Detention		X	X	X	X		
Gallatin County Detention Center		X	X		X	X	
Glacier County Detention Center				X			
Hill County Detention Center							X
Jefferson County Detention Center							X
Lake County Detention Facility	X	X	X	X	X	X	
Lewis and Clark County Sheriff's Office Detention Center							
Park County Detention Center		X	X	X	X		
Phillips County Jail							X
Powder River County Jail							X
Powell County Detention Facility		X		X	X		
Sweet Grass County, holding facility							X
Toole County Detention Facility			X	X			
Yellowstone County Detention Facility		X	X	X		X	
TOTAL	6	12	10	11	6	5	3

Almost half (9 out of 20) of the respondents have no staff members who provide either substance use or mental health treatment services. Three facilities have 1 to 5 full-time or equivalent staff members, and 2 respondents have more than 5 staff providing treatment at the facility.

In the absence of on-site services, some facilities provide access to behavioral health and medical services for inmates off-site through contracts with providers in their communities. Table 7 details treatment services available to inmates off-site. The top 3 off-site treatment services reported are emergency medical services (17 out of 20), primary care medical services (13 out of 20), and mental health services (12 out of 20). Despite reporting a high percentage of inmates who need it, facilities rarely offer substance use treatment off-site, with only 3 respondents reporting off-site substance use disorder (SUD) services. Emergency medical services are the most commonly reported services provided in transport-only and holding facility counties.

Table 7. Do individuals in your custody receive any of the following health services off-site (at a location outside of the jail facility)?

Facility	Substance use treatment services	Mental health services	Primary care medical services	Emergency medical services	Emergency detox services for alcohol or other withdrawal	Other medical services	We do not refer inmates for any health services
Anaconda/Deer Lodge County Detention Center		X	X	X			
Beaverhead County Detention Center	X	X	X	X			
Butte Silver Bow County Montana Detention Center				X		X	
Custer County Detention Center	X	X	X	X			
Dawson County Correctional Facility	X	X	X	X	X		
Fergus County Detention Facility		X	X				
Flathead County Detention			X	X	X		
Gallatin County Detention Center				X			
Glacier County Detention Center		X	X	X			
Hill County Detention Center		X	X	X			
Jefferson County Detention Center							X
Lake County Detention Facility			X	X		X	
Lewis and Clark County Sheriff's Office Detention Center		X		X	X		
Park County Detention Center				X			
Phillips County Jail		X	X	X			
Powder River County Jail		X	X	X			
Powell County Detention Facility			X	X			
Sweet Grass County, holding facility							X
Toole County Detention Facility		X	X	X			
Yellowstone County Detention Facility		X		X			
TOTAL	3	12	13	17	3	2	2

Respondents were asked to provide estimates of the number of individuals who receive substance use and/or mental health treatment services during an average month. Table 8 shows that most facilities report much higher numbers of individuals receiving monthly mental health services compared with substance use treatment.

Table 8. Average number of individuals in custody who receive substance use and/or mental health treatment services by facility

Facility	On average, how many total individuals in your custody receive substance use treatment services (at the jail or off-site) in a month?	On average, how many total individuals in your custody receive mental health services (at the jail or off-site) in a month?
Anaconda/Deer Lodge County Detention Center	4	2
Beaverhead County Detention Center	1	2
Butte Silver Bow County Montana Detention Center	50%	50%
Custer County Detention Center	0	1
Dawson County Correctional Facility	1	5
Fergus County Detention Facility	NA	1
Flathead County Detention	NA	10
Gallatin County Detention Center	NA	60
Glacier County Detention Center	NA	0
Hill County Detention Center	NA	1
Jefferson County Detention Center		
Lake County Detention Facility	10	6
Lewis and Clark County Sheriff's Office Detention Center	NA	150
Park County Detention Center	NA	12
Phillips County Jail	NA	0
Powder River County Jail	NA	0
Powell County Detention Facility	NA	0
Sweet Grass County, holding facility		
Toole County Detention Facility	NA	1
Yellowstone County Detention Facility	NA	60

Note: Sweet Grass County holding facility and Jefferson County Detention Center do not refer inmates for any health services (shaded cells). NA = the respondent did not provide an answer to the number of inmates and was not asked these follow up questions. Shaded cells are for questions that were not answered by the respondent.

When asked to describe what types of substance use treatment modalities are offered in detention facilities and what percentage of the inmates who need these treatments are offered them, no respondents reported being able to offer the full range of substance use treatment modalities or being able to offer a single modality to all of the inmates who need it. Six out of 20 respondents provide no treatment modality at all. As shown in Table 9, the most commonly used modality is treatment with licensed counselors and the least commonly used are tobacco cessation and specialized treatment for substance use disorders.

Table 9. Share of individuals in custody with substance use treatment needs receiving each treatment modality (%)

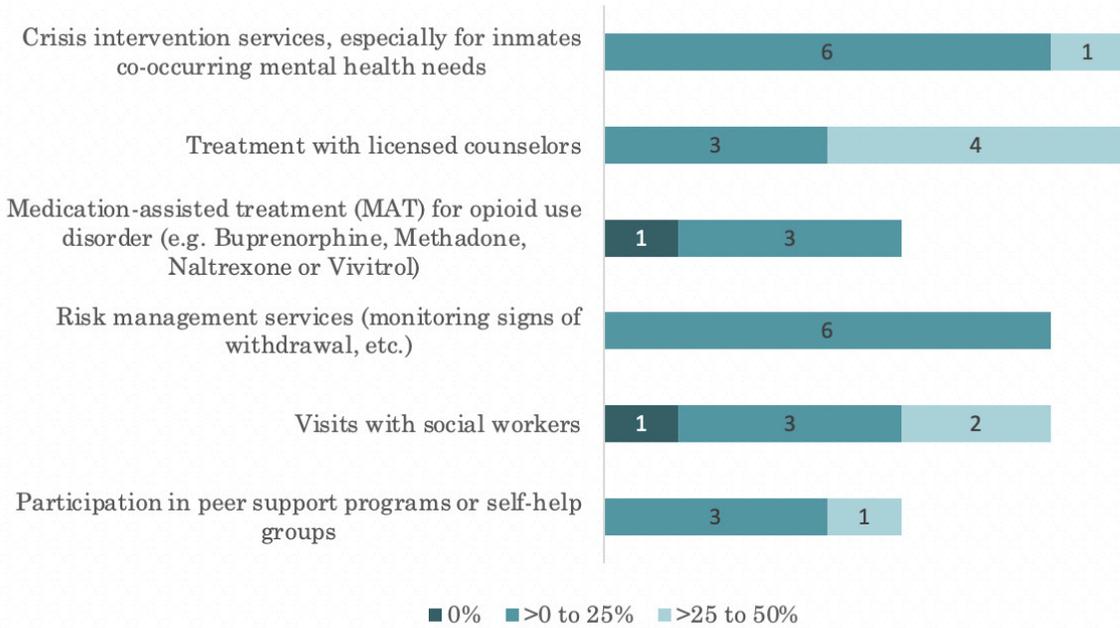
Facility	Crisis intervention services, esp. for co-occurring mental health needs	Naloxone (Narcan)	Treatment with licensed counselors	Specialized treatment for substance use disorders	Medication-assisted treatment (MAT) for opioid use disorder	Risk management services (monitoring signs of withdrawal, etc.)	Visits with social workers	Participation in peer support programs or self-help groups	Tobacco cessation or nicotine replacement therapy	Other
Anaconda/Deer Lodge County Detention Center	10%							5%		
Beaverhead County Detention Center	10%		20%							
Butte Silver Bow County Montana Detention Center	50%		50%		0.01%	0.05%		25%		
Custer County Detention Center			5%			5%	15%			
Dawson County Correctional Facility			30%				30%			
Fergus County Detention Facility							0%			
Flathead County Detention					2%	10%				
Gallatin County Detention Center	20%		40%			20%		20%		X
Glacier County Detention Center										
Hill County Detention Center			1%							
Jefferson County Detention Center										
Lake County Detention Facility	15%		40%		0%	25%	15%	40%		
Lewis and Clark County Sheriff's Office Detention Center	5%						15%			
Park County Detention Center	5%					3%				
Phillips County Jail										
Powder River County Jail										
Powell County Detention Facility					5%					X
Sweet Grass County, holding facility										
Toole County Detention Facility										
Yellowstone County Detention Facility	85%		85%			80%	35%			
Total number of facilities offering treatment modality	8	0	9	0	4	7	6	4	0	2

Note: Blank cell = facility does not provide that treatment modality. x = facility provides treatment modality, but no percentage is available. Shaded cell = question was not applicable to the respondent (no individuals in the facility's custody with substance use treatment needs received any treatment modalities)

Figure 10 shows that no facilities reported that more than 50% of their inmates with substance use disorders had received any needed treatment modality in the preceding 3 months.

Figure 10. Proportion of inmates receiving substance use treatment

In the past three months, what percentage of your inmates with substance use disorders received:



Barriers to providing treatment in jails facilities were also assessed. Table 10 shows that the top 3 challenges were “inadequate physical space in our facility,” “lack of availability of behavioral health services in our community,” and “inadequate funding for the jail to provide behavioral health services.”

Table 10. Challenges in providing substance use or mental health treatment at facilities

Facility	The short incarceration period/ holding time for most of our inmates	Lack of availability of behavioral health services in our community	Inadequate funding for the jail to provide behavioral health services	Inadequate funding for behavioral health service providers to provide services	Lack of staff at the jail with adequate training	Lack of interest from inmates	Lack of interest from jail staff	Inadequate physical space in our facility	Lack of appropriate screening tools	Other
Anaconda/Deer Lodge County Detention Center		X	X	X	X		X	X	X	
Beaverhead County Detention Center	X	X	X	X						
Butte Silver Bow County Montana Detention Center	X	X	X	X	X	X	X	X	X	
Custer County Detention Center	X	X	X		X			X		
Dawson County Correctional Facility						X		X		
Fergus County Detention Facility	X	X	X		X			X		
Flathead County Detention	X	X	X	X				X	X	
Gallatin County Detention Center	X					X				X
Glacier County Detention Center		X	X	X						
Hill County Detention Center	X	X	X						X	
Jefferson County Detention Center		X	X							
Lake County Detention Facility			X					X		
Lewis and Clark County Sheriff's Office Detention Center						X		X		
Park County Detention Center		X			X	X		X	X	
Phillips County Jail	X	X	X			X		X		
Powder River County Jail	X	X	X	X	X	X		X	X	
Powell County Detention Facility		X	X	X	X			X		
Sweet Grass County, holding facility								X	X	
Toole County Detention Facility	X			X	X	X	X			
Yellowstone County Detention Facility	X	X	X	X				X		
TOTAL	11	14	14	9	8	8	3	14	7	1

Training on Substance Use Disorders and Overdose

Few detention center staff report any sort of training on substance use disorders, risk assessment, or overdose in the past year. Table 11 shows that the only respondent that had attended multiple types of training in the past year was from Flathead County Detention. Of those who did report attending trainings, overdose training was the most common type reported.

Table 11. Respondents who attended trainings within the past year

Facility	I have attended training on completing risk assessments	I have attended training on identifying risk factors for overdose	I have attended training on substance use disorders (including opioid use disorders)	I have not attended any trainings in the past year
Anaconda/Deer Lodge County Detention Center		X		
Beaverhead County Detention Center				X
Butte Silver Bow County Montana Detention Center				X
Custer County Detention Center				X
Dawson County Correctional Facility		X		
Fergus County Detention Facility				X
Flathead County Detention	X	X	X	
Gallatin County Detention Center			X	
Glacier County Detention Center				X
Hill County Detention Center				X
Jefferson County Detention Center				X
Lake County Detention Facility				X
Lewis and Clark County Sheriff's Office Detention Center				X
Park County Detention Center				X
Phillips County Jail				X
Powder River County Jail				X
Powell County Detention Facility				X
Sweet Grass County, holding facility				X
Toole County Detention Facility				X
Yellowstone County Detention Facility				X
TOTAL	1	3	2	16

Medication-Assisted Treatment and Overdose Prevention

When asked about their knowledge of opioid use disorder and medication-assisted treatment (MAT), respondents seemed to have some general knowledge but expressed a desire to learn more (Table 12).

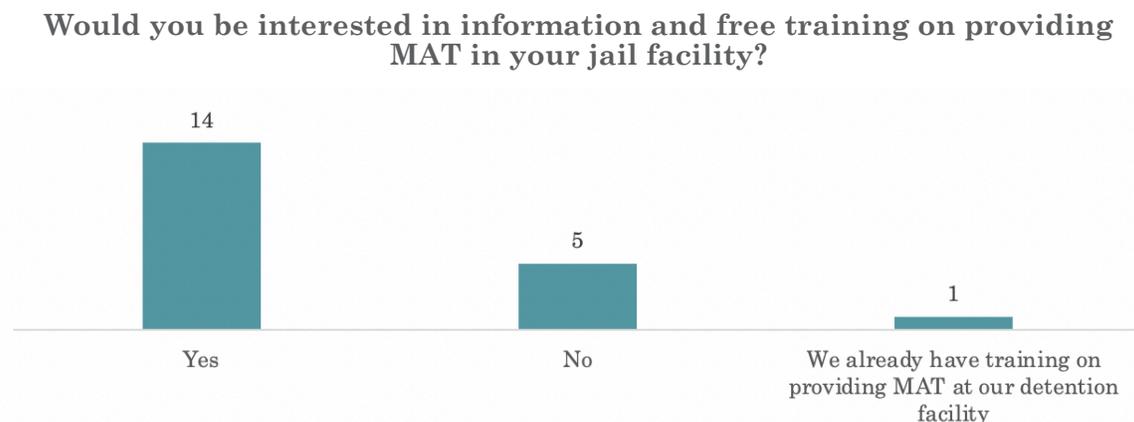
Table 12. Responses to general questions about opioid use disorder and MAT

Facility	How much do you know about opioid use disorders?		How much do you feel like you know about treatment options and the process for beginning MAT for opioid use disorder?		Please select the MAT medications with which you are familiar.		
	I know some things but could learn more	I know very little	I know what MAT is, but I do not know about treatment options	I do not know what MAT is	Buprenorphine (brand names Suboxone, Subutex, Sublocade)	Naltrexone (brand name Vivitrol)	Methadone
Anaconda/Deer Lodge County Detention Center	X			X			
Beaverhead County Detention Center	X			X			
Butte Silver Bow County Montana Detention Center	X		X				
Custer County Detention Center	X		X		X		
Dawson County Correctional Facility	X		X				X
Fergus County Detention Facility	X			X			
Flathead County Detention	X		X		X		X
Gallatin County Detention Center	X		X				X
Glacier County Detention Center	X		X		X		
Hill County Detention Center	X			X			
Jefferson County Detention Center	X		X				X
Lake County Detention Facility	X		X		X	X	
Lewis and Clark County Sheriff's Office Detention Center			X		X	X	X
Park County Detention Center		X	X		X		X
Phillips County Jail	X			X			
Powder River County Jail	X			X			
Powell County Detention Facility	X		X		X		X
Sweet Grass County, holding facility	X			X			
Toole County Detention Facility	X		X		X	X	X
Yellowstone County Detention Facility		X		X			
TOTAL	17	2	12	8	8	3	8

Note: Shaded cells indicate questions that were not asked, as these services are not provided at the site.

Figure 11 shows that the majority of respondents (14 out of 20, 70%) expressed interest in receiving information and free training on providing MAT in their facility.

Figure 11. Interest in providing MAT



Implementing medication-assisted treatment

In recent years, clinics across Montana have expanded their capacity to implement MAT to manage opioid use disorder. Thus, individuals with opioid use disorder who enter detention facilities may be on MAT when they are initially detained. Indeed, more than a quarter of responding facilities report that they have had individuals who were on MAT when entering their facility. Half of these respondents reported that these inmates were able to continue to participate in MAT during their period of incarceration.

Table 13 shows that the majority of respondents (12 out of 20 or 60%) do not offer an assessment or initiation of MAT. Only a quarter of facilities report having a way for individuals in their custody to receive MAT.

Naloxone (Narcan) for overdose prevention

Naloxone, or Narcan, is an opioid overdose reversal drug. The Montana Department of Public Health and Human Services has worked with partners across the state to increase access to naloxone. Ensuring access to naloxone in detention facilities is critical to prevent overdose among individuals with opioid use disorder who are incarcerated.

Table 14 summarizes some characteristics of naloxone access, training, and use at the respondent facilities. Most respondents state that they have access to naloxone at the facility. Among the respondents who have access to naloxone, almost all report that their staff are trained in the use of naloxone. None of the 16 respondents who have access to naloxone have used it on an inmate in the past year.

Table 13. Characteristics of medication-assisted treatment (MAT) in facilities

Facility	In the past year, have any inmates on MAT for opioid use disorder entered your jail?	Do you offer assessment for MAT and/or initiation of MAT to individuals with opioid use disorders while they are in your custody?
Anaconda/Deer Lodge County Detention Center	No	No
Beaverhead County Detention Center	I don't know	Yes
Butte Silver Bow County Montana Detention Center	Yes	Yes
Custer County Detention Center	I don't know	No
Dawson County Correctional Facility	No	No
Fergus County Detention Facility	No	No
Flathead County Detention	Yes	Yes
Gallatin County Detention Center	Yes	NA
Glacier County Detention Center	I don't know	No
Hill County Detention Center	I don't know	I don't know
Jefferson County Detention Center	No	No
Lake County Detention Facility	Yes	Yes
Lewis and Clark County Sheriff's Office Detention Center	Yes	Yes
Park County Detention Center	I don't know	No
Powder River County Jail	I don't know	No
Powell County Detention Facility	Yes	No
Phillips County Jail	No	No
Sweet Grass County, holding facility	No	No
Toole County Detention Facility	No	No
Yellowstone County Detention Facility	I don't know	I don't know

Note: NA = no answer to the question

Table 14. Facility characteristics on naloxone access, training, and use

Facility	Do you and your staff have access to naloxone (Narcan) at your facility?	Were staff trained to use naloxone (Narcan)?	Approximately how many staff received this training?	Have staff at your facility used naloxone (Narcan) on any inmates to reverse an overdose from opioids in the past year?
Anaconda/Deer Lodge County Detention Center	Yes	Yes	10	No
Beaverhead County Detention Center	No			
Butte Silver Bow County Montana Detention Center	Yes	Yes	26	No
Custer County Detention Center	Yes	Yes	10	No
Dawson County Correctional Facility	Yes	Yes	2	No
Glacier County Detention Center	Yes	Yes	13	No
Sweet Grass County, holding facility	Yes	Yes	7	No
Phillips County Jail	Yes	Yes	7	No
Toole County Detention Facility	Yes	Yes	16	No
Flathead County Detention	Yes	Yes	35	No
Hill County Detention Center	No			
Yellowstone County Detention Facility	Yes	Yes	100	No
Park County Detention Center	No			
Jefferson County Detention Center	No			
Powell County Detention Facility	Yes	Yes	11	No
Fergus County Detention Facility	Yes	Yes	11	No
Gallatin County Detention Center	Yes	Yes	30	No
Powder River County Jail	Yes	Yes	8	No
Lewis and Clark County Sheriff's Office Detention Center	Yes	Yes	45	No
Lake County Detention Facility	Yes	No	NA	No
TOTAL	16/20 (80%)	15/16 (93%)		

Note: Shaded cells indicate questions that were not asked, as these services are not provided at the site.

IMPLICATIONS AND RECOMMENDATIONS

Detention facilities, holding centers, and transport facilities across Montana are in need of additional support as they seek to respond to the pressing behavioral health needs of inmates. The results of this survey suggest that facilities vary significantly in the standardization of their screening and referral practices, their capacity to link with or provide treatment services, and their level of training and expertise on behavioral health conditions. Given the prevalence of behavioral health needs within the populations they engage with on a daily basis, these facilities must improve their capacity to respond to these needs.

This survey offers a few key takeaways:

1. Although sites report using medical screeners, there is wide variation in what instruments they use for additional screening for mental health or substance use disorders. Standardizing screenings using a set of evidence-based screening tools could help sites better understand the needs of their inmates.
2. Most of the facilities with small inmate populations hold individuals for short periods of time, either before trial, temporarily, or for transport only. To improve SUD outcomes among these short-term inmates who are held for reasons other than serving a sentence, facilities could focus on expanding linkages with local resources during their brief incarceration to improve the chances that these people will enroll in treatment upon release.
3. For the larger facilities that have a larger population of post-adjudication inmates, access does not appear to be a major concern, but there may be value in examining the quality of behavioral health services that they access in their communities.
4. Jail and detention center staff indicate an interest in regular training, on topics such as how to apply and use standard screening instruments, how to coordinate with community-based providers, and how best to engage inmates who are repeatedly placed in detention for substance use.
5. Holding facility or transport-only counties could work to identify mechanisms for improving integration with medical expertise for withdrawal management. This may be accomplished through telemedicine or adaptation of a hub-and-spoke model of care.
6. Facilities vary significantly in their level of involvement and engagement with MAT for OUD. The majority of sites reported that they have interest in learning more about MAT. These findings suggest that jails and detention facilities may present opportunities for expanding MAT access and use.

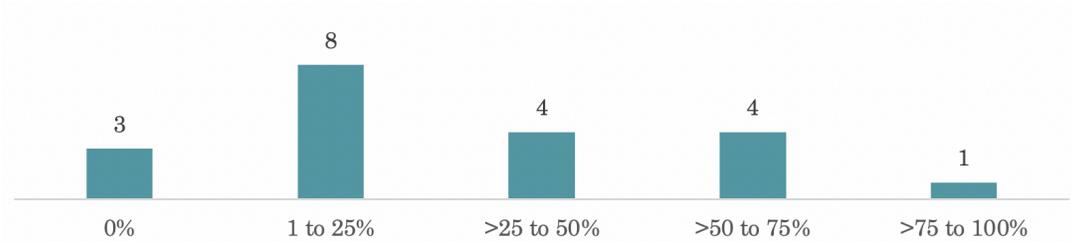
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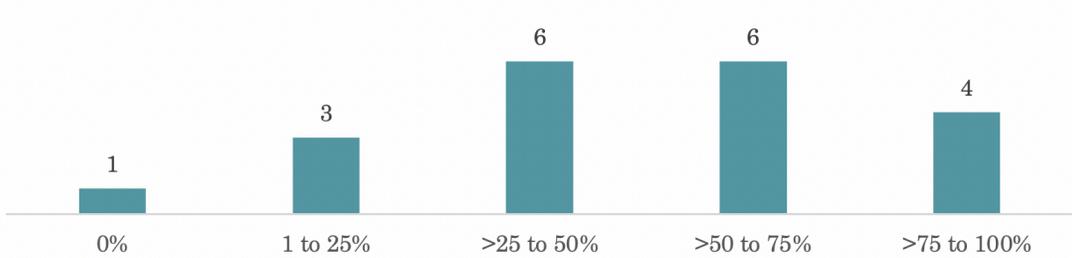
APPENDIX

Appendix A. Aggregated estimates of inmate drug use, behavioral health needs, and medical needs from complications of intravenous drug use

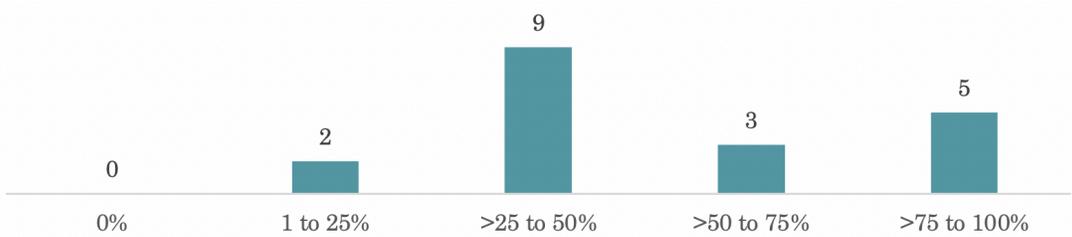
What percentage of individuals in your custody do you estimate use opioids (heroin, oxycodone, fentanyl, etc.) as their primary substance?



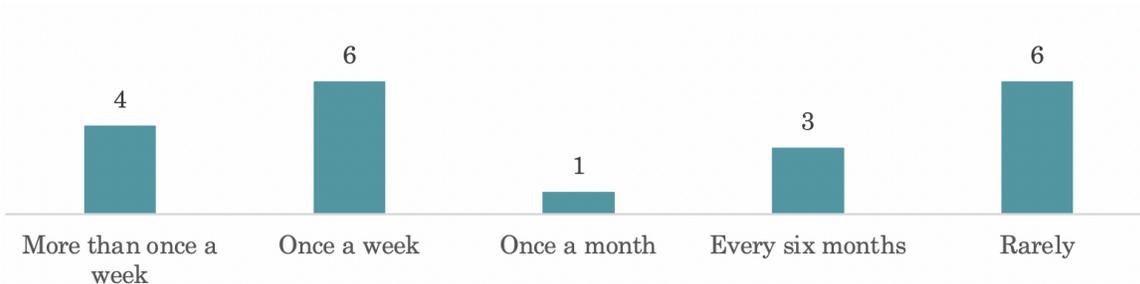
What percentage of individuals in your custody do you estimate use stimulants (i.e., methamphetamine or cocaine) as their primary substance?



What percentage of your inmates do you estimate have co-occurring substance use and mental health needs?



How frequently do you need to provide medical services, or refer for medical services, to individuals who experience medical complications due to drug use (STDs, Hepatitis C, HIV or other infections diseases associated with IV drug use)?



Appendix B. Open response answers to respondents' involvement with court-supported mental health and/or substance use treatment plans

- Our office will usually identify if there may be a mental health issue before it goes to court. We work with our Community mental health program to get those individuals into that pipeline.
- 24/7 program testing SCRAM bracelets
- Not really court-supported but when we encounter an individual with what appears to be a mental health issue, the information is passed along to a coalition member that will check in with the person to determine what if anything can be done for the person.
- Only if court ordered
- The only involvement we have is to provide them information on how their behavior was in jail
- Just drug court
- For substance abuse we have AA classes in the jail and we 24/7 program. For mental health we have a crisis response team come to our jail. We work closely with County Attorney for placement in other facilities including Montana State Hospital.
- I have discussions with both prosecutors and defense attorneys - offering my input when requested.
- We do not have a court run diversion program, but we do have a small program run by the County Attorney's Office called the Virgil Program. We have MH staff on site, CIT Officers, and our reentry program. We do not get involved with court decisions but again we support by getting them information needed.
- No involvement but will provide space for Substance use interviews
- transporting of individuals
- We are in desperate need of mental health services in Custer County. The Eastern Montana Mental Health rarely comes to see inmates, very rarely will respond to inmates in crisis. We do have some private parties that do CD evals in our facility and anyone involved in professional Mental Health or CD is accommodated, appreciated, and welcome to provide service in the jail (contact or non-contact)
- Pre-COVID-19 we had on site Mental Health & Substance treatment programs offered at the facility.



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