



SUBMISSION FORM

All submission forms must include the following information. Separate submission forms must be turned in for each eligible program. **Deadline: July 1, 2023.** Please include this submission form with the electronic entry. If you do not receive an email confirming receipt of your entry within 3 days of submission, please contact [Gage Harter](#).

PROGRAM INFORMATION

County: Chesterfield County

Program Title: RECON

Program Category: CRIMINAL JUSTICE AND PUBLIC SAFETY

CONTACT INFORMATION

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SIGNATURE OF COUNTY ADMINISTRATOR OR DEPUTY/ASSISTANT COUNTY ADMINISTRATOR

Name: _____

Title: _____

Signature: _____

I. Abstract of the Program

Rapid Engagement Correctional Outreach Navigators or RECON is a team of peer recovery specialists that work inside the Chesterfield County Jail. The peer navigators are George Mason University employees hired through the Empowered Community Opioid Project (ECOP) that work in the intake unit of the jail. The project launched in December of 2022.

The program follows a Bridge model utilizes principles from care coordination, case management, and population health to maximize health outcomes and resource utilization for populations and the individuals within them, in this case, those high-risk individuals with opioid use disorder (OUD). The Bridge process focuses on coordinating care through cross-sector system collaboration followed by individualization of that care.

The special part about the RECON team is that two out of the three peer staff, came through the Jail's own drug treatment program, HARP. Utilizing the jails own program alumni to make a further impact for the OUD community spreads hope to those that are struggling with OUD and incarceration that recovery is possible.

II. The Need for the Program

RECON was started due to the gap in care for those that serve under two weeks in jail. With average length of time in jail ranging from 7-10 days, there was a large population that was going underserved. A seminal study in the United States completed by Binswanger, et al. demonstrated that after controlling for demographic factors, individuals released from prison in Washington State had 129 x greater risk of drug overdose in the first 2 weeks post-release relative to the general population.

Opioid use disorder (OUD) is a treatable condition and yet our healthcare system currently has difficulty with quick access to provide patients leaving the criminal justice system with a seamless way of accessing medication to treat opioid use disorder. Treatment with medication to treat opioid use disorder (MOUD) reduces mortality and improves the likelihood of disease remission. Criminal justice partners can play a critical role in the effective screening and direct linkage to care for patients with OUD to these services. Prisons and jails around the US need a framework for identification, treating, and referring patients who present with OUD to quick access to MOUD.

In many communities, treatment systems lack the ability to remain in contact with individual clients over the extended periods of time that stable recovery and community reintegration often require. Although justice systems track people for

much longer, they are segmented, and each component maintains contact during only one stage of an offender's progress through the system. Care coordination during transitions of care can address some of the root causes of such problems as lack of communication-related to shared information and lack of timely follow-up with a provider for Medication Assisted Therapy (Suboxone), behavioral health, and medical care (including Hepatitis C, HIV, and other public health concerns)

III. Description of the Program

The Team provides a wrap-around team approach. Peer navigators work best with connections to clinicians for case staffing and patient consultations. The ECOP criminal justice to community bridge model universally screens those entering the correctional facility for rapid identification and connections using peer recovery specialists to engage and connect quickly to needed MOUD. An Integrated Bridge Care team (Prescriber, Behavioral health clinician, Peer Recovery Specialist,) functions to link patients to rapid access to MOUD.

Bridge Care from Intercept 2 (Initial Detention/ Initial Court Hearings, returning to community-based care) results in the highest percentage of connectivity to the Continuum of Care (CoC). To date, 89% of ECOP participants at Intercept 2 were connected to any level of treatment. The ECOP Bridge model focuses on this intercept point as it has demonstrated particular effectiveness. Process.

Jail staff are charged with universally screening inmates suspected to be suffering from substance use disorder and place them on a roster (peer navigation referral -PNR) to connect to an ECOP certified, professionally qualified and trained Peer Recovery Support Specialists (PRSS). Following initial screening and retrieval of informed consent, the PRSSs then engage in a trauma informed, non-judgmental conversation utilizing a brief negotiated interview algorithm developed by George Mason University. This interaction is primarily a motivational interview that focuses on patients' cultural background, beliefs, values, and readiness to engage in treatment. Given the extra time afforded by their role, PRSSs get to know the patients on a deeper level often unachievable by clinical teams and thus provide a trusting relationship not previously available. Together with the client, the PRSS crafts a harm reduction plan and within 24 hours of release from incarceration, connects them to our ECOP MAT Clinical team where they can begin MOUD. The MAT team provides an initiation appointment via telehealth and along with the PRSS develops an individualized follow up plan. The clients also agree at enrollment to follow up with the PRSS for a minimum of 60 days to allow for the intensive support and navigation needed at this crucial time.

Connection across the Care Continuum. We have additional understanding of how intensive active navigation, and what actions by the PRSS's as the connector to systems, have made in the recovery journeys of high-risk participants. The need for ungapped care and connection for these participants is the key to getting them started and stabilized in their recovery journeys. High touch interventions, such as what our team is providing, has the potential to be the model needed to impact outcomes.

Personal Investment & Buy-in

Perhaps one of the most important attributes of RECON, and one most demanding as well, is the personal investment made by many members of the staff up to and including the Sheriff. Having formerly incarcerated peer specialist work as jail staff has broken barriers and shattered stigma towards the individuals in the carceral system. From Sheriff to Deputy the expectation is that the peer navigators are treated as a part of staff, and one that has the potential to save someone's life.

IV Use of Technology

The peer navigators can set up telehealth appointments for returning citizens with clinical staff at GMU to be able to get individuals onto their MOUD rapidly.

V. Cost of the Program

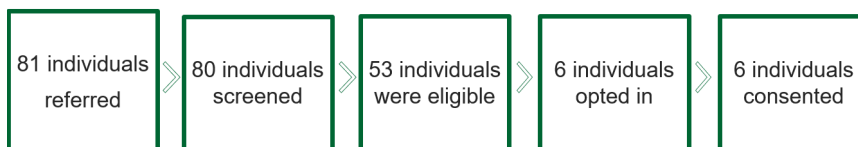
The main cost of the program is the three peer navigation staff.

1 Peer Supervisor	\$50,000 Yearly Salary plus state benefits
2 Peer Navigators	\$23 per hour/30 hours per week

VI The Results/Success of the Program

Below is the data from the first month of the program.

December 12, 2022 - January 22, 2023



Rapid Engagement Correctional Outreach Navigators
Chesterfield County, Virginia

	Intervention (N=6)
Treatment, any (%)	50
MAT Bridges	17
MAT	17
Outpatient, therapy	33
Residential	50
Detox	0
Mutual support (%)	50
Used opioids, relapse (%)	17
Overdose (%)	0
Nonfatal	0
Fatal	0
Re-incarceration (%)	0
New criminal conviction/ recidivism	0
Technical violation	0
Enrolled health insurance (%)	100

Below is the data from ECOP's findings from July of 2018-July of 2020

	Intervention (N=61)
Treatment, any (%)	80
MAT	62
Outpatient, therapy	46
Residential	52
Detox	25
Mutual support (%)	74
Used opioids, relapse (%)	67
Overdose (%)	14
Nonfatal	11
Fatal	3
Re-incarceration (%)	23
New criminal conviction/ recidivism	10
Technical violation	13
Enrolled health insurance (%)	100

VII Worthiness of an Award

The Chesterfield Sheriff's Office and George Mason University recognize that substance use disorders are not a crime, rather a treatable illness. The way we were addressing opiate addiction in the jail was not working and we needed to do something different. As a Jail we have been able to address this with out individuals with lengthy sentences but now the RECON team is able to do this for our individuals that are quickly released that would otherwise not get any services. The Sheriffs Office takes pride in knowing that its program alumni are the very ones that are in the trenches, helping people that otherwise would not be getting access to care.