

The Jail Utilization of Substance Use Disorder  
Treatment in Northern Colorado (JUST NOCO)

# ANNUAL PROGRAM EVALUATION REPORT

SEPTEMBER 1  
2023  
— AUGUST 31  
2024

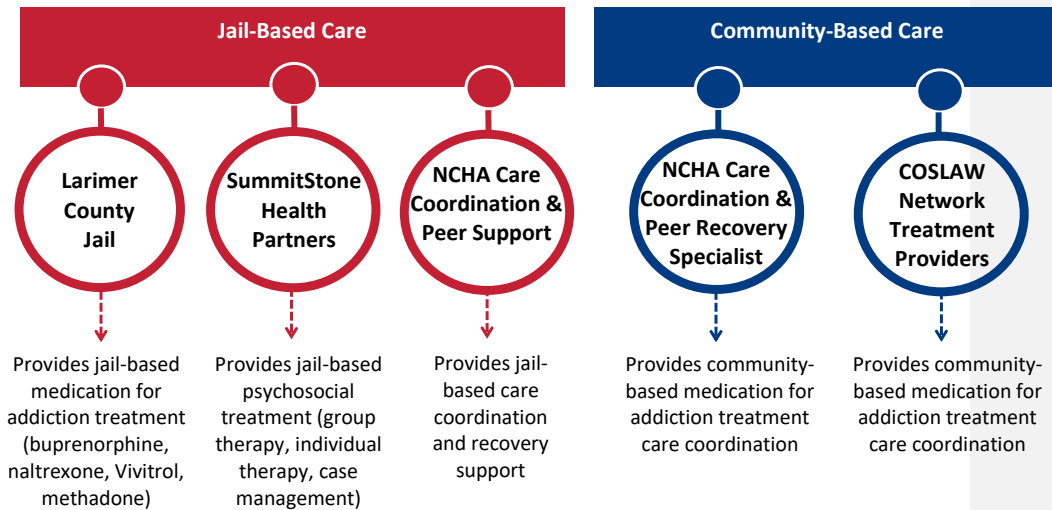


The Jail Utilization of Substance Use Disorder Treatment in Northern Colorado (JUST NOCO) program in Larimer County Jail (LCJ) is a partnership between LCJ, SummitStone Health Partners, and North Colorado Health Alliance (NCHA). The program aims to treat incarcerated individuals with opioid use disorder (OUD) and other substance use disorders (SUDs) using:

- Medication-assisted treatment (MAT).
- Psychosocial treatments.
- Care coordination.
- Support for transition into community-based care.
- Peer Support Coaching.

MAT is provided within LCJ. SummitStone Health Partners provide psychosocial treatment and other recovery supports. NCHA's Colorado Opioid Synergy Larimer and Weld (CO-SLAW) care coordination program provides care coordination and recovery support while the client is in LCJ. The care coordination program also provides ongoing support and navigation as clients transition into the community for continuation of MAT with the COSLAW Network Addiction Treatment Providers (see Figure 1).

**Figure 1.** JUST NOCO Organizations



Research has established the benefits of incarcerated individuals receiving jail-based MAT. These benefits include reduced withdrawal symptoms, decreased prevalence of illicit drug use in the correctional facility, improved general environment at the correctional facility, and increased post-release intentions to continue MAT.<sup>1</sup> The findings presented here provide further evidence of the positive outcomes of jail-based MAT, including supporting clients' transition to ongoing care in the community.

## Goals

Since its launch in 2019, JUST NOCO has had three goals, all of which they have achieved.

- |                                                                                                                                                     |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Develop and implement the first jail-based MAT program in Colorado that offers all three MAT medications (methadone, buprenorphine, naltrexone). | Goal attained.<br>   | LCJ offers methadone, buprenorphine, and naltrexone to individuals with OUD and SUD in the jail.                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2. Distribute naloxone to individuals at risk of overdose upon release from jail.                                                                   | Goal attained.<br>  | Naloxone is offered to individuals with OUD upon release.                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3. Improve transitions of care in Larimer and Weld County jails through care coordination services for incarcerated individuals with OUD & SUD.     | Goal attained.<br> | LCJ has consistently improved transitions from jail-based care to community-based care by partnering with the NCHA CO-SLAW program. CO-SLAW care coordinators have joined the Larimer Drug and DUI Court staffing team and LCJ and COSLAW have collaborated with Weld County Adult Drug Treatment Court to support incarcerated individuals' access to MAT. NCHA has also partnered with county courts during pre-sentencing to support early access to MAT as an alternative to pre-trial services. |

Commented [SJ1]: We can add in here that have also joined the Larimer Drug and DUI Court staffing team.

<sup>1</sup> Brinkley-Rubinstein, L., Peterson, M., Clarke, J., Macmadu, A., Truong, A., Pognon, K., Parker, M., Marshall, B., Green, T., Martin, R., Stein, L., & Rich, J. D. (2019). The benefits and implementation challenges of the first state-wide comprehensive medication for addictions program in a unified jail and prison setting. *Drug and Alcohol Dependence*, 205, 107514. <https://doi.org/10.1016/j.drugalcdep.2019.06.016>

## Evaluation

NCHA contracted the Butler Institute for Families at the University of Denver Graduate School of Social Work (Butler) to conduct an outcomes evaluation of JUST NOCO. The following questions guided the evaluation:

1. *What MAT services do individuals engage in pre-release?*
2. *How quickly do individuals enter the program once they enter the jail?*
3. *How quickly do individuals enter community-based treatment once they leave the jail?*
4. *How do clients perceive their treatment and the program?*

Evaluators used the following data sources for analyses. All data are de-identified.

**LCJ data:** LCJ provided an Excel spreadsheet containing client demographics as well as each client's intake and release dates during the reporting period.

**LCJ MAT program tracker:** The LCJ MAT program coordinator built and maintained an Excel-based MAT program spreadsheet to track enrollment, referrals, medications, and dosages.

**NCHA CO-SLAW care coordination tracker:** NCHA care coordinators maintained an Excel spreadsheet that captured individuals' treatment engagement after their release from incarceration. During this reporting period, data was available from September 7, 2023 through August 30, 2024.

## Treatment

The JUST NOCO program served 1,246 clients between September 1, 2023, and August 31, 2024, more than three times the number of clients the program served in the first year of the evaluation (405 clients served in the 2019 – 2020 program year) and a large increase from the previous program year (920 clients served in 2022 – 2023 program year).

During this program year (2024), most clients identified as White (94.4%), followed by 2.9% who identified as Black, and less than 1% who identified as American Indian or Alaska Native or Asian. About 1.5% of clients did not report their race during their intake into the jail. In addition, 20.5% of clients identified as Hispanic, while 77.1% of participants identified as "not Hispanic" and 2.3% did not specify their ethnicity during their intake into the jail. Most clients identified as male (68.2%), 31.1% of clients identified as female, and less than 1% of clients did not report their sex. Clients' mean age was 33.9 ( $SD = 9.2$ ) at the time of intake into LCJ with a range of 15 to 69 years of age.

There was an **average of 2.2 days between clients booking into LCJ and starting on MAT** (Standard deviation ( $SD$ ) = 5.17), which was an **improvement from 4.6 days** in the 2022 – 2023 program year.<sup>2</sup>

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<sup>2</sup> Outliers with a z-score outside of the -3 – +3 range were removed. Number of removed values for each calculation were as follows: Booking to starting on MAT ( $n = 15$ ).

Additionally, **94.8% of clients started on MAT within 1 week of entering the jail**, a much higher percentage than last year in which 82.8% of clients started on MAT during the same time frame (within the first week of entering the jail).<sup>3</sup>

During this evaluation year, September 1, 2023, through August 31, 2024, **1,047 clients were induced on MAT, and 187 clients continued with MAT at their first program enrollment** (see Table 1). Twelve clients who were pregnant received buprenorphine (1.0%); however, they are not included in Table 1 because induction or continuation was not specified. Most clients only had one enrollment in the MAT program ( $n = 784$ , 62.9%). Of the 37.1% of clients who had multiple MAT enrollments, only about one-fourth of clients received different MATs at some point during their multiple enrollments.

**Most clients received buprenorphine at their first MAT enrollment.** This was the first year Brixadi was reportedly prescribed. Between September 1, 2023, and August 31, 2024, only one client received Brixadi at their first MAT enrollment, however, 59 total clients received Brixadi at some point during this time. The LCJ Health Services Administrator explained that several clients were removed from buprenorphine, and some were moved to injectable treatments (i.e., Brixadi, Sublocade, Naltrexone) after not abiding by program rules. There were 209 instances of clients being removed from buprenorphine because:

- They requested removal ( $n = 105$ , 50.2%)
- There was a rule violation ( $n = 66$ , 31.6%)
- They diverted their medication ( $n = 4$ , 1.9%)
- Of another reason not specified ( $n = 34$ , 16.3%)

Of those 209 clients, 131 had a documented re-enrollment. Most who were re-enrolled in the program were moved to an injectable treatment like Brixadi (37%), Sublocade (18%), and Naltrexone (4%), while about 40% received buprenorphine and 1% received Methadone at their re-enrollment. There were 78 clients who did not have documented MAT program re-enrollments which could suggest they were released from jail and not eligible for re-enrollment or they were not re-enrolled due to violating program rules.

**Table 1.** First Enrollment MAT Type in LCJ September 1, 2023, through August 31, 2024

| Medication for Addiction Treatment | Number and Percentage of Clients |              |               |
|------------------------------------|----------------------------------|--------------|---------------|
|                                    | INDUCTION                        | CONTINUATION | TOTAL         |
| <b>Buprenorphine</b>               | 915                              | 92           | 1,007 (81.6%) |
| <b>Naltrexone</b>                  | 127                              | 19           | 146 (11.8%)   |
| <b>Methadone</b>                   | 0                                | 71           | 71 (5.8%)     |

<sup>3</sup> Although some clients had multiple enrollments into the MAT program, the data presented in this paragraph analyzed clients first MAT program enrollment.

|                  |                      |                    |              |
|------------------|----------------------|--------------------|--------------|
| <b>Sublocade</b> | 4                    | 5                  | 9 (0.1%)     |
| <b>Brixadi</b>   | 1                    | 0                  | 1 (0.001%)   |
| <b>Total</b>     | <b>1,047 (84.8%)</b> | <b>187 (15.2%)</b> | <b>1,234</b> |

Of the clients who received injectable treatments at some point during one of their MAT enrollments, there were 102 instances of clients receiving Brixadi (40.2%) and Sublocade (59.8%). Table 2 compiles reasons why clients started on each MAT. Most clients were moved to Brixadi due to diversion; however, most clients moved to Sublocade because they requested it. No clients were reportedly given Vivitrol during this time. Many clients who completed the perceptions of care survey discussed later in this report mentioned their experience using injectable MATs, complaining of side effects and feeling like they were “forced” to get the injectable MAT. They wished they were given the option of taking their MAT as crushed tablets if clients were diverting their medication in another form. However, crushed tablets of buprenorphine do not demonstrate the same level of efficacy and were therefore not used as an alternative option.

Clients with a specified methamphetamine use disorder (MUD;  $n=13$ ) received Naltrexone to treat their SUD.<sup>4</sup> On the perceptions of care survey, clients expressed interest in receiving different types of treatment for MUD. Recent research suggests that extended-release injectable naltrexone plus oral extended-release bupropion may have some efficacy although more study is needed<sup>5</sup>. Apart from medication options, contingency management has demonstrated efficacy in reducing methamphetamine use and promoting attendance to recovery-related appointments in people with methamphetamine use disorders.<sup>6</sup> There is, however, a dearth of research on the implementation of contingency management among incarcerated people with methamphetamine use disorder<sup>7</sup>, which may be due to the incentive-based structure of contingency management which is challenging to implement in incarceration settings. MAT providers are encouraged to consider following the results of this field of research and applying it in their practice in the future.

**Table 2.** Reason Clients Started on Brixadi and Sublocade

| <b>Brixadi (<math>n = 41</math>)</b> | <b>Sublocade (<math>n = 61</math>)</b> |
|--------------------------------------|----------------------------------------|
|--------------------------------------|----------------------------------------|

<sup>4</sup> The number of clients with a MUD may be higher than the reported sample size, however, only clients who received Naltrexone had a documented SUD in the LCJ MAT Program Tracker data.

<sup>5</sup> Trivedi, M. H., Walker, R., Ling, W., Dela Cruz, A., Sharma, G., Carmody, T., ... & Shoptaw, S. (2021). Bupropion and naltrexone in methamphetamine use disorder. *New England Journal of Medicine*, 384(2), 140-153.

<sup>6</sup> Brown, H. D., & DeFulio, A. (2020). Contingency management for the treatment of methamphetamine use disorder: a systematic review. *Drug and Alcohol Dependence*, 216, 108307.

<sup>7</sup> Jackson, K. (2023). The Experiences of Prison Staff Who Use Contingency Management in Prison (Doctoral dissertation, Grand Canyon University).

|              | Frequency | Percent | Frequency | Percent |
|--------------|-----------|---------|-----------|---------|
| Continuation | 11        | 26.8%   | 1         | 1.6%    |
| Diversion    | 20        | 48.8%   | 21        | 34.4%   |
| Requested    | 10        | 24.4%   | 39        | 63.9%   |

Client induction and continuation rates have increased over the years: 3,616 clients were induced or continued on MAT through LCJ between year 1 (2019-2020) and the present reporting period (2023-2024; see Appendix for induction and continuation rates across MAT types for all years). Please note this includes the total number of clients across all years and not a unique count of clients as some may have participated in multiple years.

MAT clients with data regarding receiving naloxone upon their release ( $n = 1,048$ ) received naloxone upon at least one release ( $n = 1,021$ , 97.4%; they may have received naloxone more than once if they were released multiple times). Clients' self-reported overdose data from the NCHA CO-SLAW care coordination dataset were available from September 2023 through August 2024. During their first meeting with a CO-SLAW care coordinator in the jail, clients were asked if they overdosed within the past 6 months prior to the meeting. Six hundred seventy-four clients reported overdose data during at least one initial meeting with a COSLAW care coordinator. Of those clients, 118 (17.5%) self-reported an overdose. **This is a decrease from last year, when 26.3% of clients with overdose history data reported an overdose in the previous 6 months.** In addition, there is no statistically significant difference in overdose history for clients who were induced on a MAT (15.5% reported an overdose) or continued on a MAT (13.2% reported an overdose).

## Return to Custody

Return to custody is defined as clients who had more than one intake date during this reporting period. The reasons for intakes were not available for analysis. **About the same percentage of clients documented at least one return to custody as last year ( $n = 462$ , 50.5% 2022 – 2023 and  $n = 615$ , 49.4% 2023 – 2024).** Most clients returned to custody only one time ( $n = 261$ , 20.9%), while 139 clients (11.2%) returned to custody twice, 103 (8.6%) returned to custody three times, and (8.7%) returned to custody four or more times (up to fifteen times). A chi-square test of independence was performed to examine the relationship between induction/continuation on a MAT and return to custody. The relationship between these variables was significant,  $\chi^2 (1, N = 1234) = 8.29, p = .004$ , in that more clients than expected who were continued on a MAT did not return to custody compared to those who were induced on a MAT (39.6% vs. 51.0% returned to custody). This speaks to the importance of continuity of care. If a client is entering the jail with an established treatment that is working for them, it is vital to continue that treatment to promote positive outcomes that include the client's likelihood to remain in the community.

**Commented [AW2]:** Hey MJ and Shannon! After the Weld county call, I wanted to do a little more exploration for the return to custody variable since that's a hot topic. I looked at the following:

- Difference in total intakes (re-entry) after their documented release in COSLAW records for those who attended a transition appointment and those who did not - this was not significant.
- Differences in re-entry for those who were contacted by a COSLAW care coordinator more than a week before their release vs those who were contacted less than a week before their release - this was not significant.

I think our sample size may have impacted these findings, so we could consider looking at these again in the future if we have a larger sample and/or pooling data across years and seeing what that shows.

**Commented [AW3]:** I also dug into this analysis since I had a bit more time. I don't want it to seem like those who are induced do not have positive outcomes, so I really tried to highlight the importance of the continuity of care. Please feel free to edit as you see fit!

## Transition of Care

Transition of care data from the CO-SLAW care coordination dataset were available from September 7, 2023 through August 30, 2024. During this time, there were 862 instances of NCHA care coordinator-client contact across 719 (57.7%) clients receiving MAT in LCJ prior to their release. There were 125 clients who were contacted multiple times due to having multiple MAT program enrollments.

Transition of care began soon after a client started MAT in LCJ, with **CO-SLAW care coordinators contacting clients for the first time, on average, 7 days after they started MAT.**<sup>8</sup> CO-SLAW care coordinators contacted about half of clients (53.0%) within 1 week of starting in the MAT program; this is a large drop from the previous year in which care coordinators contacted 82.1% of clients within 1 week of starting MAT. Care coordinators explained that staff turnover was the biggest barrier to contacting clients within one week of MAT program enrollment.

Of the 719 clients CO-SLAW contacted between September 7, 2023 and August 30, 2024, 400 clients (55.6%) were released from LCJ according to CO-SLAW care coordinator records. Two-thirds (66.8%) of those individuals were contacted by the CO-SLAW care coordinator more than 1 week before their release date.<sup>9</sup>

Of the clients released who were eligible and had data available on transition appointment attendance ( $n = 188$ ), **82 (43.6%) clients attended a community-based MAT treatment provider appointment.**<sup>10</sup> There were 106 clients who did not attend their transition appointment.

A chi-square test of independence was performed to examine the relationship between induction/continuation on a MAT and transition appointment attendance. The relationship between these variables was significant,  $\chi^2 (1, N = 229) = 8.04, p = .005$ , in that more clients than expected who were continued on a MAT attended their transition appointment compared to those who were induced on a MAT (54.8% vs. 31.6% attendance). This suggests the people with longer treatment engagement will maintain engagement. This further suggests additional resources may be needed to support people who may be new to or recently returned to MAT. Again, continuity of care is important for clients in the MAT program so they can progress on their journey to recovery.

**Commented [AW4]:** I also ran this analysis. Again, please feel free to add context/make changes as you see fit to support this finding. Thanks!

<sup>8</sup> Some clients were contacted by COSLAW during this time period but had a MAT enrollment outside of this time period, therefore their data is not included in this calculation,  $n = 11$ , so final sample size includes 708 clients.

<sup>9</sup> Two clients had missing release dates, so they were not included in analyses. Four outliers were also removed. The final sample size for this calculation is  $n = 395$ .

<sup>10</sup> 44 clients were not eligible to attend transition appointment due to being transferred to other custody (e.g. DOC or another jail;  $n = 33$ ), moving outside of Larimer county ( $n = 3$ ), or declining or being removed from MAT before they were released ( $n = 8$ ). These clients were not included in this analysis.

Of clients who had their first transition appointment date and corresponding release date of this time period ( $n = 55$ ), 49.1% of those individuals attended their community-based MAT provider appointment within a week of being released (a decrease from last year's 81.7% attendance rate). On average, clients connected with community-based treatment 16 days after their release date (compared to 16.5 days in the previous reporting period). Figure 2 illustrates the transition of care. It is important to note that 188 clients were missing transition appointment data, so they could not be included in this calculation. Care coordinators explained that this was, in part, due to staff transitions. They also added that the [Affordable Connectivity Program \(ACP\)](#), a federal program that provided free cell phones to clients, ended in April 2024. The end of the ACP made it more difficult for clients to gain access to a phone which made it more difficult for care coordinators to contact them after their release and collect information on community appointments.

Clients who received buprenorphine or naltrexone had the option of receiving a prescription for those medications upon release. Of Clients who were eligible to receive a prescription upon release during this reporting period ( $n = 1,164$ ), most had the prescription called in (64.8%) or were marked as "n/a" (27.4%). A smaller percentage did not have a prescription called in (3.0%) or declined (0.2%). Fifty-four clients did not have any information regarding having a prescription called in (4.6%). For eligible clients who had both their first prescription call-in date and its associated release date ( $n = 640$ ), 92% of clients had their prescription called in within one day, and no client waited longer than 4 days for their prescription to be called in.<sup>11</sup>

It is important to point out that rapid access to community-based treatment relies on a network of communications and relationships – both formal and informal - between the jail and its release systems, jail-based NCHA care coordinators, and community-based care coordinators. Feedback from NCHA care coordinators highlighted the need to continually maintain and improve workflows and communication between the jail, jail-based care coordinators, individuals being released, and community-based care coordinators. For example, publicly accessible systems such as VINELink that provide notification of an individual's release are helpful and a key communication pathway; however, those systems may not always provide timely notification, and care coordinators may need to monitor the LCJ website for additional release information. NCHA care coordinators also shared the challenges of contacting clients released from the jail who do not have consistent access to a phone. This feedback highlights the importance of formalized systems of communication and the human-resource and time-intensive nature of this work.

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<sup>11</sup> Ten clients had their prescriptions called in outside of the reporting period so they are not included here. Clients may have multiple call-in and release dates, but this calculation only take into account the first call-in date and its associated release date.

**Figure 2.** Transition of Care

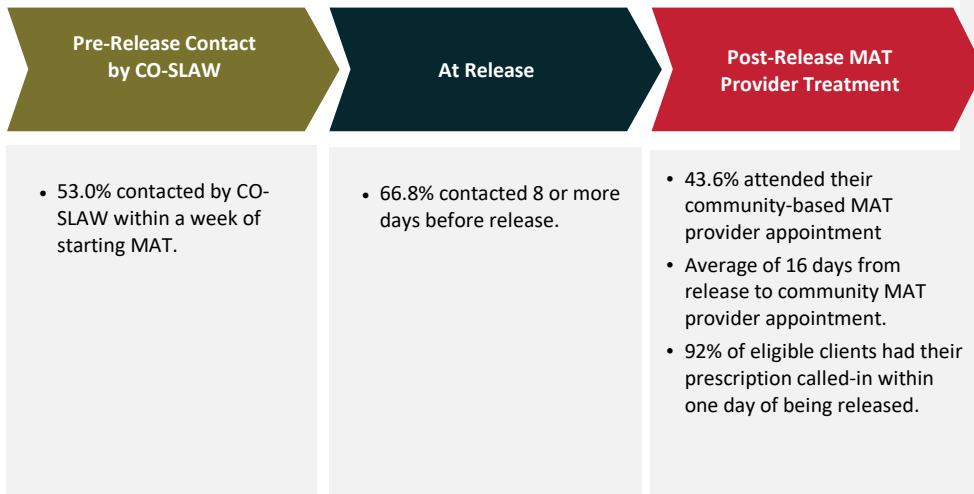


Table 3 provides information on program changes across years. This program has grown exponentially and has been impactful for so many clients. There are many positives to take away from this table, along with the areas for improvement to meet client needs.

**Table 3.** Program Growth 2022 - 2024

| Program Growth: 2022-2024                                                                                                         |             |             |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------------------------------|
|                                                                                                                                   | 2022 - 2023 | 2023 - 2024 | CHANGE                              |
| Number of clients enrolled                                                                                                        | 920         | 1,246       | INCREASE ↑                          |
| Average days from booking into the jail to starting on MAT                                                                        | 4.6         | 2.2         | DECREASE ↓                          |
| Percentage of clients who started on MAT within 1 week of entering the jail                                                       | 82.8%       | 94.8%       | INCREASE ↑                          |
| Percentage of clients with a self-reported overdose in the 6 months prior to their initial meeting with a COSLAW care coordinator | 26.3%       | 17.5%       | DECREASE ↓                          |
| Percentage of clients who returned to custody at least once                                                                       | 50.5%       | 49.4%       | NO STATISTICALLY SIGNIFICANT CHANGE |

|                                                                                   |       |       |                                     |
|-----------------------------------------------------------------------------------|-------|-------|-------------------------------------|
| Days from MAT start date to COSLAW care coordinator contact                       | 5     | 7     | INCREASE ↑                          |
| Percentage of clients COSLAW contacted within a week of starting MAT              | 82.1% | 53.0% | DECREASE ↓                          |
| Percentage of clients COSLAW contacted more than 1 week before they were released | 67.4% | 66.8% | NO STATISTICALLY SIGNIFICANT CHANGE |
| Average days from release to community MAT provider appointment                   | 16.5  | 16    | NO STATISTICALLY SIGNIFICANT CHANGE |

Commented [AW5]: What was previously a decrease is now no change with the addition of the new data

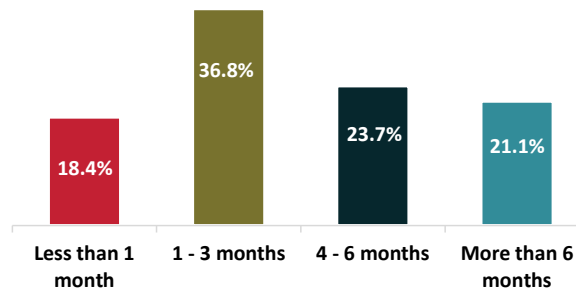
Commented [AW6]: What was previously a decrease, is now no change with the addition of the new data.

## Perceptions of Care

Butler evaluators and project leadership collaborated to create a JUST NOCO client perceptions of care survey, which was administered three previous times in addition to this most recent administration. This survey was modified from a similar survey used in the NCHA

“With all the help I got here at the jail, I really think I have a good chance to stay clean when I get out.”

Figure 3. Length of Participation in the LCJ MAT Program



CO-SLAW Care Coordination project. Using a point-in-time methodology, the project’s nursing staff distributed the survey to all clients receiving services during one weekday in August 2024. Thirty-nine clients completed the survey about their experience of the LCJ MAT program. Most clients reported that they had been participating in the LCJ MAT program for 1-3 months (37%, see Figure 3, Clients who completed the survey in 2024 reported longer participation in the program compared to clients who completed the

survey in 2023. In 2023, only 17.8% of clients reported participating in the program for four months or longer, however, **this year, 44.8% of clients reported participating for four months or longer**. The MAT program at LCJ has become a reliable and consistent place for people to receive MAT & resource navigation support. Table 4 illustrates respondents’ experiences with the MAT program at LCJ. Overall, clients reported a positive experience of the LCJ MAT program.

Most LCJ MAT clients felt that their MAT providers respected them at least *most of the time* (87.1%). One client shared, “I liked that the nurses/doctor have never made me feel judged or made me feel like they think I’m just a junkie. I appreciate that.” Several clients appreciated the treatment they received from nurses and found them “professional” and “respectful.” One client said the nurses “brighten our day and give us a glimpse of humanity we so badly desire in these conditions.” Overall, clients agreed that MAT providers (e.g., nurses, physicians, and care coordinators) had a positive impact on their treatment and recovery (92.1%).

Most clients also felt that their MAT providers took time to explain their MAT treatment *most or all of the time* (82.1%). Although many clients were included in decision-making for their treatment, about one in four clients wanted to be more included in decisions about their treatment. About one in five clients felt their MAT providers *never* encouraged them to develop their recovery goals (17.9%) or *never* cared about their cultural needs (18.8%).

As evaluators found in previous administrations of the survey, clients felt less supported by “other staff” in the jail, however, that number was even higher this year than in previous years: **28.9% of clients this year reported that they never felt supported by these staff members compared to 17.5% in the previous year.** This year, many clients shared that correctional officers investigated cases of diverting medication, leading to clients having more negative interactions with this group of staff. One client shared:

The cops try and act like nurses and doctors. They have not been through the training or know what they are talking about. They say people are diverting and doing things they ain't supposed to. ... The cops need to do their job and leave the MAT program to the program! I understand people ruin things all the time, but leave that up to the nurses and physicians to deal with.

Clients felt that correctional officers did not have the training to work with clients who may be diverting their medication and wished that MAT providers would handle those issues.

Additionally, several clients discussed what happened after they were suspected of or caught diverting medication. One client who was taken off MAT felt like they should be given a second chance after a period of time. Other clients felt that they were accused of diverting their medication without “proof or evidence” and that they were “punishing me for nothing.” One client shared their experience:

When they cut me off those 4 days, that put me through about a week of sheer hell. I think cutting off for a day, then restarting with intense medical supervision would be far more appropriate. ... Letting me withdraw 4 days in the hole was punishment, plain and simple.

Almost all clients *agreed or strongly agreed* that the LCJ MAT program reduced their cravings, and MAT made their addiction feel more manageable (both 97.3%). The MAT program in the jail also helped clients transition to care in the community as most clients *agreed or strongly agreed* that they know where they will get MAT when they are released from jail (94.7%).

Like in previous administrations of the survey, most clients offered suggestions for MAT program improvements around dosage and time of dose, suggesting higher dosages (e.g., 24mg) and more frequent administrations. One client shared, “I was on Subutex/Suboxone prior to LCJ. Upon arriving, they refused my prescribed dose, dropped me down to 16 milligrams. Now 15 months later, refuse to go up at all, so I go through withdraws daily and triggers plus cravings without help.” Clients hoped MAT providers would consider an increase in dosage or multiple administrations of the MAT throughout the day to decrease clients’ likelihood of experiencing negative symptoms like withdrawal. One client was interested in mental health treatment to support their recovery because “most addiction is self-medication for those issues so addressing them is important.”



Thanks to the MAT team for helping so many of us get through our battle with addiction and on the road to recovery. With MAT, I know I’m not alone and I am assured my recovery is possible. I couldn’t do it without

## Client Recommendations:

- MAT dosages administered throughout the day and/or increased dosages (when appropriate)
- More behavioral health treatment
- Deputy & Other Non-Clinical Staff trainings on addiction and MAT
- Different options to offer after client is caught diverting medication or

Many respondents appreciated the program and said it was lifesaving. Clients shared that the MAT program “has made a huge impact on my recovery” and “is crucial in helping addicts cope with their time and helping them succeed when released.” Clients felt like the program made them want to stop using substances. One client who had previously received MAT felt that the program “runs a lot smoother, kinder, and quicker than I’m used to” and they were “impressed with the improvement.”

**Table 4.** Experience of the MAT Program at LCJ

| Frequencies 2024                                                                                                                     |           |           |    |                   |                  |                  |                |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|----|-------------------|------------------|------------------|----------------|
| Statement                                                                                                                            | Mean 2023 | Mean 2024 | n  | Never             | Some of the Time | Most of the Time | Always         |
| I feel respected by my MAT program providers (nurses, physician, and care coordinator).                                              | 3.49      | 3.56      | 39 | 0.0%              | 12.8%            | 17.9%            | 69.2%          |
| My MAT providers (nurses, physicians, and care coordinators) take time to explain and educate me about my treatment.                 | 3.38      | 3.54      | 39 | 0.0%              | 17.9%            | 10.3%            | 71.8%          |
| I am involved in my care and included in the decision-making about my treatment.                                                     | 3.81      | 3.31      | 39 | 12.8%             | 12.8%            | 5.1%             | 69.2%          |
| My MAT providers encourage me to develop my recovery goals.                                                                          | 2.91      | 3.10      | 39 | 17.9%             | 7.7%             | 20.5%            | 53.8%          |
| My MAT providers care about my cultural needs (such as race, ethnic background, language, gender, sexual orientation, and religion). | 2.86      | 3.06      | 32 | 18.8%             | 12.5%            | 12.5%            | 56.3%          |
| Other staff in the jail (for example, correctional officers) are supportive of me receiving MAT.                                     | 2.84      | 2.63      | 38 | 28.9%             | 18.4%            | 13.2%            | 39.5%          |
| Statement                                                                                                                            | Mean 2023 | Mean 2024 | n  | Strongly Disagree | Disagree         | Agree            | Strongly Agree |
| Overall, my MAT providers (nurses, physicians, and care coordinators) have a positive impact on my treatment and recovery.           | 3.46      | 3.42      | 38 | 2.6%              | 5.3%             | 39.5%            | 52.6%          |
| MAT reduced my cravings.                                                                                                             | 3.51      | 3.53      | 38 | 0.0%              | 2.6%             | 42.1%            | 55.3%          |
| Since taking MAT, my addiction feels more manageable.                                                                                | 3.36      | 3.58      | 38 | 0.0%              | 2.6%             | 36.8%            | 60.5%          |
| I know where I will get MAT when I'm released from jail.                                                                             | 3.43      | 3.53      | 38 | 0.0%              | 5.3%             | 36.8%            | 57.9%          |

Survey respondents also reported on information related to overdoses (see Table 5). Almost all respondents knew about naloxone (97.4%). About half of respondents had overdosed in the past (52.6%), and almost all clients knew someone who had overdosed (92.1%). About three in four clients did not have a fear of overdosing (76.3%). Compared to last year's survey respondents, clients' own history of overdose and knowledge of others who had overdosed decreased, and their fear of overdosing decreased greatly. This could be due to an increase in education around substance use and overdosing and access to Narcan.

**Table 5.** Overdose Information

| Statement                              | Yes freq. 2023 | Yes freq. 2024 |
|----------------------------------------|----------------|----------------|
| Do you know what naloxone (Narcan) is? | 96.8%          | 97.4%          |
| Have you ever overdosed?               | 63.5%          | 52.6%          |
| Do you know anyone who has overdosed?  | 95.2%          | 92.1%          |
| Do you have a fear of overdosing?      | 41.3%          | 23.7%          |

Finally, survey respondents reported how others refer and should refer to someone who uses opioids (see Table 6). Most often, respondents heard others refer to someone who uses opioids as "an addict" (71.1%) or "a junkie" (47.4%) but believe people should refer to someone who uses opioids as "a person with a substance use disorder" (57.9%) or "an addict" (39.5%).

**Table 6.** Identity and Stigma

| Label                                  | What is the most common way you <u>hear</u> people refer to someone who uses opioids? (% Yes) | How do you think people <u>should</u> refer to someone who uses opioids? (% Yes)                                                                               |
|----------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A person with a substance use disorder | 5.3%                                                                                          | 57.9%                                                                                                                                                          |
| A person who uses opioids              | 13.2%                                                                                         | 23.7%                                                                                                                                                          |
| An addict                              | 71.1%                                                                                         | 39.5%                                                                                                                                                          |
| A junkie                               | 47.4%                                                                                         | 2.6%                                                                                                                                                           |
| A user                                 | 26.3%                                                                                         | 23.7%                                                                                                                                                          |
| Other                                  | 13.2% - Responses included "a head," "blueser," "piece of shit," and "tweaker."               | 15.8% - Responses included "a person (no distinction)," "normal medication user," "a person with opioid dependency," "someone who needs help," and their name. |

## Limitations

While this evaluation demonstrates that participation in JUST NOCO shows positive client outcomes, it has some limitations. The reasons for clients' return to custody are unknown<sup>12</sup> and therefore should be interpreted with caution. It is important to underscore this distinction as these data do not necessarily reflect new offenses by clients. A control group was also unavailable; thus, these findings may not be applicable to a broader population. Overdose data relies on client self-report and is therefore subject to several threats to validity including social desirability and recall bias. Finally, there were gaps in the care coordinator data and, as a result, these findings might not reflect the full picture of care coordination services.

## Conclusions

### Key client outcomes include:

- The JUST NOCO program served 1,246 clients between September 1, 2023, and August 31, 2024: This is more than three times the number of clients the program served in the first year of the evaluation ( $n = 405$  clients) and a large increase from the previous program year ( $n = 920$  clients).
- There was an average of 2 days between clients booking into LCJ and starting on MAT.
- 97.4% of MAT clients received naloxone upon at least one release ( $n = 1,021$ ).
- 118 (17.5%) self-reported an overdose, a decrease from last year when 26.3% of clients reported an overdose in the previous 6 months.
- 92.1% of survey participants reportedly knew someone who had overdosed and about a quarter of clients (23.7%) reported a fear of overdosing.
- When CO-SLAW care coordinators engaged with clients, 43.6% attended their community-based MAT provider. Of those, 49.1% attended within a week of being released.
- 92% of eligible clients had their MAT prescription called-in within one day of being released.
- This year, clients entered community-based treatment on average 16 days after their release compared to 16.5 days last year.

<sup>12</sup>Alper, M., Durose, M. R., & Markman, J. (2018). *2018 update on prisoner recidivism: A 9-year follow-up period (2005-2014)*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/18upr9yfup0514.pdf>

## Recommendations

### Based on these findings, Butler recommends the following:

- Consider the side effects of the newer injectable MATs that are being used in the program and collaborate on care with clients to decide their best option if they have been caught diverting medication.
- Continue following research on new MAT approaches for methamphetamine use disorder (in addition to Naltrexone) and consider providing that treatment to clients if research is promising.
- Continue to distribute naloxone upon release from LCJ coupled with overdose prevention and other harm reduction education. This includes dispelling myths that overdose prevention is only relevant for people who use opioids.
- Continue to offer training to jail staff, especially jail deputies, to reinforce their understanding of substance use disorders and MAT so they can support clients on their substance use journey.
- Continue to support care coordination that promotes rapid transition into community-based treatment upon release. This includes contacting clients soon after they enrolled in the MAT program and following-up with clients when they are released.
- Continue to collect and document complete data as resources allow to ensure evaluation data accurately reflects program outcomes.
- Consider opportunities to expand and further resource care coordination to increase the number of people who access community-based treatment and reduce the amount of time between release and community-based treatment provider access.

## Appendix: 2023 Overdose Death Data for Larimer County and Colorado

| Number and Percentage of Individuals |                      |                  |             |                      |       |             |                      |       |             |                      |       |             |                      |       |              |                    |
|--------------------------------------|----------------------|------------------|-------------|----------------------|-------|-------------|----------------------|-------|-------------|----------------------|-------|-------------|----------------------|-------|--------------|--------------------|
| Medication for Addiction Treatment   | Year 1 (2019 – 2020) |                  |             | Year 2 (2020 – 2021) |       |             | Year 3 (2021 – 2022) |       |             | Year 4 (2022 – 2023) |       |             | Year 5 (2023 – 2024) |       |              |                    |
|                                      | Induction (I)        | Continuation (C) | Total       | I                    | C     | Total       | I                    | C     | Total       | I                    | C     | Total       | I                    | C     | Total        | Total Across Years |
| Buprenorphine                        | 197                  | 124              | 321 (80.7%) | 284                  | 94    | 378 (77.8%) | 352                  | 84    | 436 (75.2%) | 668                  | 72    | 740 (80.7%) | 915                  | 92    | 1007 (81.6%) | 2882 (79.7%)       |
| Naltrexone                           | 23                   | 27               | 50 (12.6%)  | 36                   | 31    | 67 (13.8%)  | 62                   | 21    | 83 (14.3%)  | 102                  | 14    | 116 (12.6%) | 127                  | 19    | 146 (11.8%)  | 462 (12.8%)        |
| Methadone                            | 3                    | 23               | 26 (6.5%)   | 3                    | 37    | 40 (8.2%)   | 9                    | 50    | 59 (10.2%)  | 0                    | 57    | 57 (6.2%)   | 0                    | 71    | 71 (5.8%)    | 253 (7.0%)         |
| Vivitrol                             | 0                    | 1                | 1 (0.3%)    | 1                    | 1     | 2 (0.2%)    | 2                    | 0     | 2 (0.3%)    | 2                    | 1     | 3 (0.3%)    | 0                    | 0     | 0            | 8 (0.2%)           |
| Sublocade                            | —                    | —                | —           | —                    | —     | —           | —                    | —     | —           | 0                    | 1     | 1 (0.1%)    | 4                    | 5     | 9 (0.1%)     | 10 (0.03%)         |
| Brixadi                              | —                    | —                | —           | —                    | —     | —           | —                    | —     | —           | —                    | —     | —           | 1                    | 0     | 1 (<0.1%)    | 1 (<0.1%)          |
| Total <i>n</i>                       | 223                  | 175              | 398         | 324                  | 163   | 487         | 425                  | 155   | 580         | 772                  | 145   | 917         | 1047                 | 187   | 1,234        | 3,616              |
| Total %                              | 56.0%                | 44.0%            |             | 66.5%                | 33.5% |             | 73.3%                | 26.7% |             | 84.2%                | 15.8% |             | 84.8%                | 15.2% |              |                    |

\*Women who were pregnant and received buprenorphine were not included in this table because induction or continuation was not specified: year 1: 7 pregnant women, year 2: 3 pregnant women, year 3: 6 pregnant women, year 4: 3 pregnant women, year 5: 12 pregnant women; total across years: 31 pregnant women.