# An Opioid Treatment Program at the Baltimore City Detention Center

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# Innovation and the Challenges in Implementing Change

Scope of Baltimore's Problem

Characteristics of Baltimore's heroin-addicted inmates

Goals of the OTP

Implementation Challenges

# **Scope of the Problem**

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	Number of Addicts in Baltimore City	58,000
	60,000 Individuals/ 90,000 Bookings annually	90,000
	60% Released within 24 hours	54,000
	Inmates incarcerated longer than 24 hours	36,000
	70 % of individuals Alcohol/Drug Dependent	25,200
	67% Heroin is Drug of Choice for Baltimore City Residents	16,884
	50% (?) Heroin addicts needing Detox	8,400
	10% of 6,200 Methadone clients will get arrested annually	620
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# **Criminal History of Prison-based OTP Patients**

	Mean
Age first crime	13.8
Age first arrest	16.5
Age first incarceration	20.6
Lifetime incarcerations	9.1
Past 30 days involved in crime	25.5
Past 30 days crime-profit	24.8
Criminal Income (\$/past 30 days)	8,057

<sup>&</sup>lt;sup>1</sup> Kinlock, Schwartz Gordon (2005)

#### **Goals of Jail-based OTP**

- Provide effective & humane treatment
- Engage new patients in treatment
- Improve Inmate Security
- Reduce Maryland's 49% recidivism rate
- Improve public health and crime rates
- Satisfy political and judicial pressures
  - Demonstrate potential cost savings

#### **Planned OTP Interventions**

Maintain arrested OTP clients during Pre-Trial status and reconnect them to their OTP at release

Detox heroin-addicted inmates with non-opioids or methadone

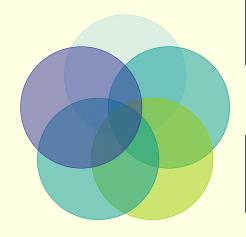
Longer-term goal: Engage heroin-addicted inmates in methadone maintenance "behind the walls" and directly link them with a community program upon release

### **Opioid Treatment Stakeholders**

Inmate Motivation

DPSCS Medical Provider

Community Providers



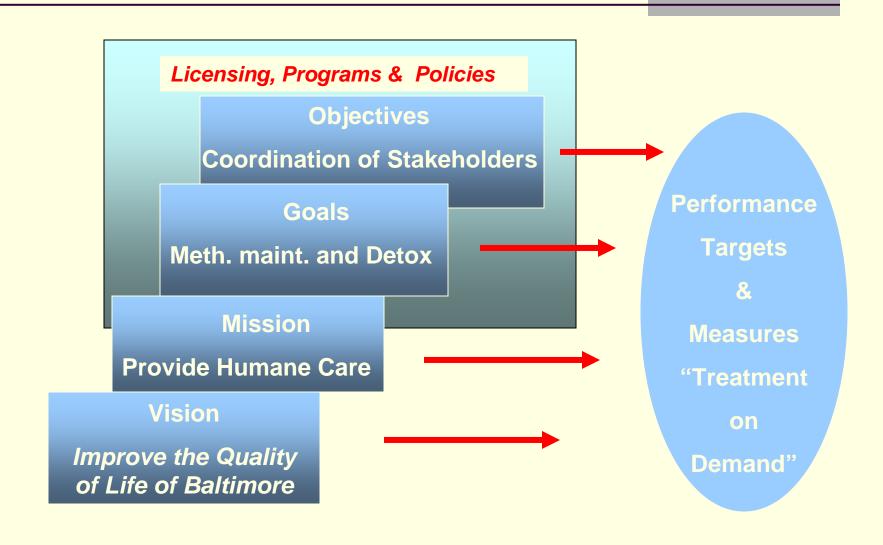
**Custody Staff** 

Pharmacy Vendor

Regulatory Agencies

**Foundations** 

## **Strategic Framework**



#### **Implementation Challenges**

- Treatment within a correctional culture
- OTP Correctional regulations in Maryland do not exist
- Partnerships need to be created with State and Federal regulatory agencies
- Law of Unintended consequences
  - Public health system
  - Community program effectiveness

#### **Lessons Learned: Implementation Challenges**

- Change process is needed which requires personal contact, data collection and cultural analysis
- Change creates a fear of failure and resistance
- Leaders need to be realistic about timeline and not press faster than staff can absorb, own and embrace change
- Promoting change must reduce resistance thru:
  - Identifying your "champions"
  - Education
  - Personal involvement in change