



SOUTH CAROLINA CENTER *of* EXCELLENCE *in* ADDICTION

Funding & Administering
Jail-Based OUD Treatment
in South Carolina

Roberta Braneck, SCORF
Martin Lutz, Greenville County
Natalie Ragsdale, Greenville County
April Roberts, Greenville County
April 10, 2025



Welcome and Housekeeping

- **Please keep your lines muted**
- Feel free to put questions in the chat box, or hold them for Q & A at the end of the presentation
- Today's presentation **will not** be recorded. Slides will be posted to www.addictioncenterofexcellence.sc.gov

Today's Speakers

Roberta Braneck, LAC; SC
Opioid Recovery Fund Board

Martin Lutz, MD; Greenville
County

Natalie Ragsdale, DNP, APRN,
FNP-BC; Greenville County

April Roberts, RN; Greenville
County

Strategies for Detention Center Programs

Core Strategies

Treatment for Incarcerated Population:

Increase funding for jails to provide treatment to inmates with OUD.

Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system.

Approved Uses

Address the Needs of Criminal Justice-Involved Persons:

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

Strategies for Diversion and Post Incarceration Programs

Approved Uses

Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies, such as:

Self-referral strategies, such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI),
<https://paariususa.org/>

Active outreach strategies, such as the Drug Abuse Response Team (DART) model,
<https://opioid-resource-connector.org/program-model/drug-addiction-and-recovery-team-dart>

“Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services,
[Naloxone Plus Framework - Critical Elements of Post-Overdose Connections to Care](#)

Strategies for Diversion and Post Incarceration Programs

Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model,

<https://leadbureau.org/>

Officer intervention strategies, such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative,

[Adult Civil Citation Network](#) and [narcotics-arrest-diversion-program](#)

Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

Strategies for Diversion and Post Incarceration Programs

Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT and related services.

Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

Support Critical Time Interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies

One South Carolina Site's Approach

*How Greenville County is putting
data into action using opioid
abatement funds for incarceration-
based treatment*

Speakers



DR. MARTY LUTZ

MEDICAL DIRECTOR



APRIL ROBERTS, RN

HEALTH SERVICES
ADMINISTRATOR



NATALIE RAGSDALE
DNP, APRN, FNP-BC

EDUCATION, TRAINING,
& COMPLIANCE
MANAGER

Unlocking Recovery

FUNDING & ADMINISTERING
JAIL-BASED
OUT TREATMENT
IN GREENVILLE COUNTY



Session Highlights

- 01 The Motivation to Seek Funding
- 02 Securing Funding
- 03 Program Implementation
- 04 Lessons Learned & Outcomes
- 05 Where Do We Go from Here?

Greenville County Detention Center: Operations & Insights

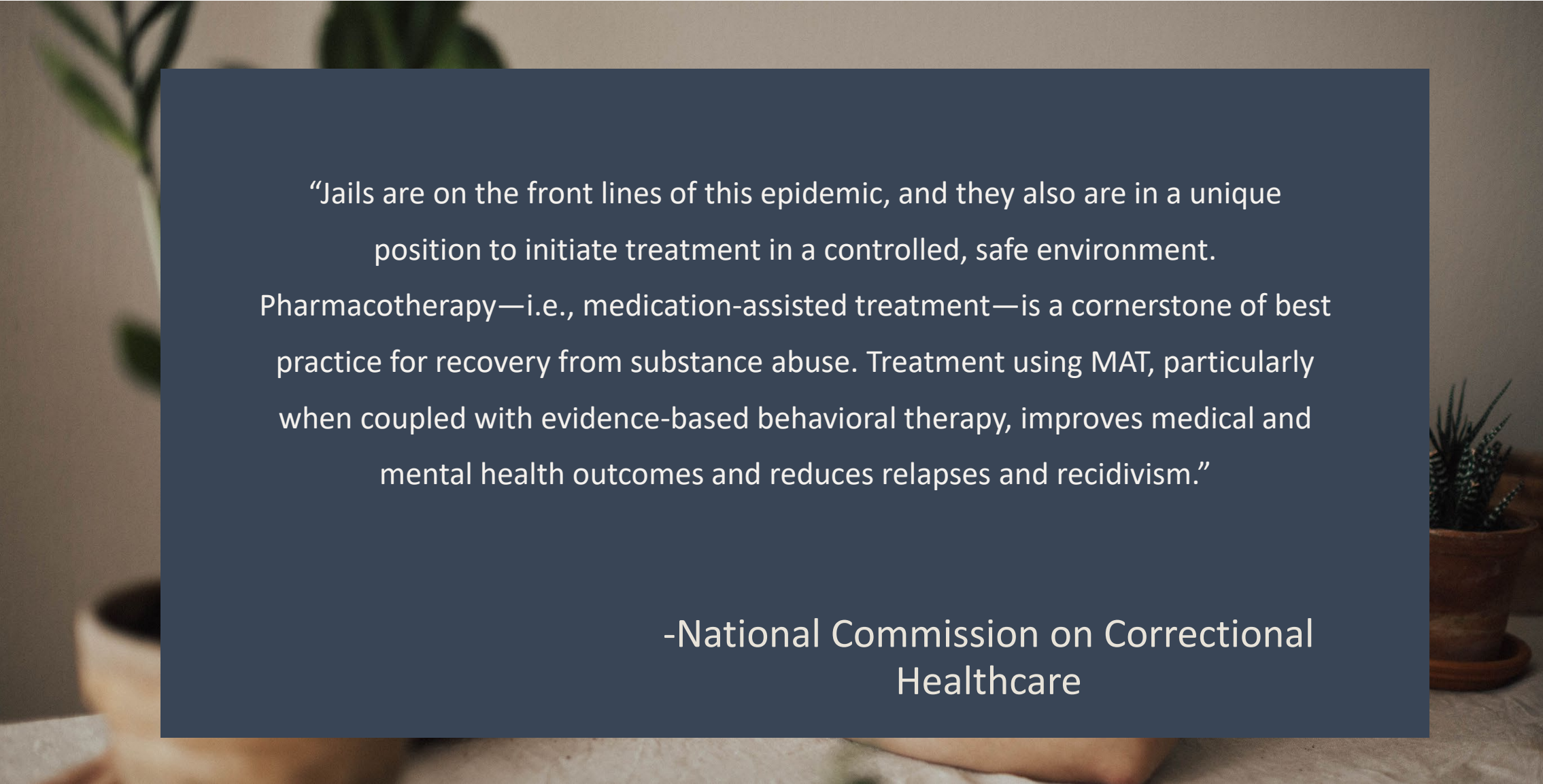
- Pre-Detention: Individuals, male and female, who have been detained and are awaiting trial, have short-term sentences of less than 90 days, or civil contemptors.
- Current Census: ~1,700
- In 2023, a total of 18,176 individuals were incarcerated, with 3,900 identified during medical screenings at intake and early incarceration as being at risk for substance withdrawal





01

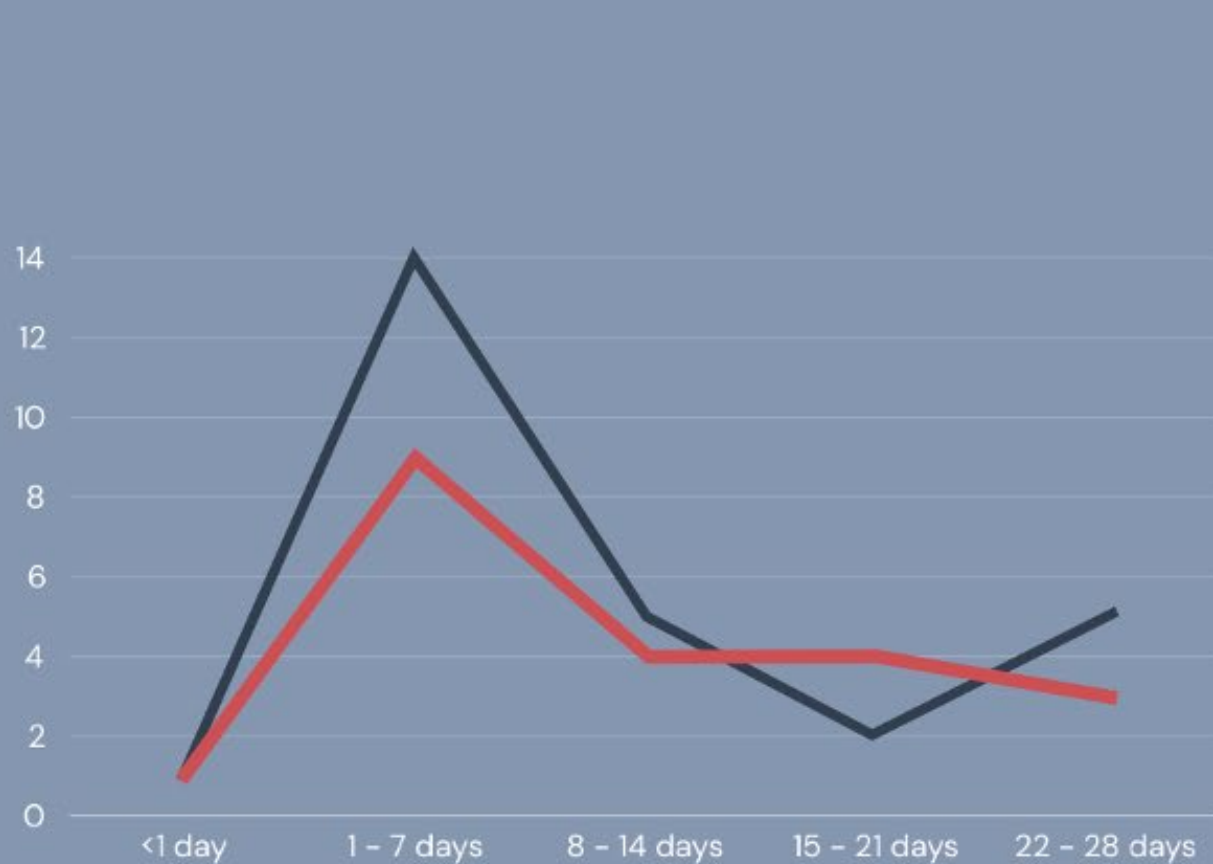
The Motivation to Seek Funding

The background of the slide features a blurred photograph of indoor plants. On the left, a tall plant with thin green leaves is visible. On the right, a small potted plant with thick, pointed leaves sits on a wooden saucer. The overall lighting is soft and natural.

“Jails are on the front lines of this epidemic, and they also are in a unique position to initiate treatment in a controlled, safe environment. Pharmacotherapy—i.e., medication-assisted treatment—is a cornerstone of best practice for recovery from substance abuse. Treatment using MAT, particularly when coupled with evidence-based behavioral therapy, improves medical and mental health outcomes and reduces relapses and recidivism.”

-National Commission on Correctional
Healthcare

Greenville County Overdose Fatalities After Incarceration



2022
284 overdose deaths
within Greenville County

2023
218 overdose deaths
within Greenville County

Greenville County Overdose Fatalities After Incarceration

2022 - 284 deaths

Mortality within
365 days



Mortality after any
incarceration history

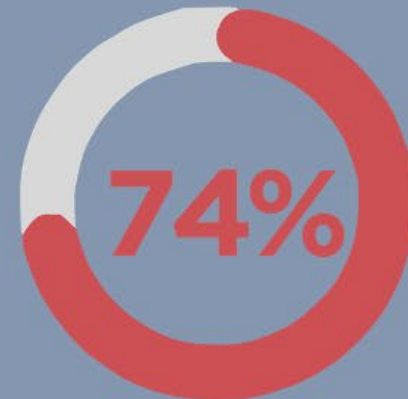


2023 - 218 deaths

Mortality within
365 days



Mortality after any
incarceration history





02

Securing Funding

Core Abatement Strategy

Treatment for Incarcerated Population

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system.
2. Increase funding for jails to provide treatment to inmates with OUD.



Developing our Plan

- Pregnant women with Opioid Use Disorder (OUD) will be treated with Suboxone
- Patients compliant with Suboxone or Methadone therapy prior to arrest will continue or transition to Suboxone during incarceration
- Suboxone will be used for withdrawal management from opiates to help reduce symptoms and cravings, supporting a more stable recovery process





Developing our Plan

- Patients who complete opiate withdrawal management with Suboxone and engage in therapy will be screened for MAT program participation
- MAT participants receive daily Suboxone during incarceration and a long-acting Brixadi injection at release, providing a one-week bridge to support a smooth transition to community-based care
- Patients with OUD will be encouraged to meet with our addiction counselors, social worker, and community paramedic



Identifying our Needs

- Medication
 - Suboxone
 - Brixadi
- Supplies
 - Urine drug screens
- Program Staffing
 - Nurse Practitioner/Program Manager
 - Two Registered Nurses
 - Community Paramedic
 - Two Licensed Addiction Counselors
 - Social Worker
 - Administrative Specialist/ Data Analyst



Navigating SCORF

Leadership Buy-In:

- Assistant County Administrator
- County Administrator
- County Council

Application Needs:

- Aligning abatement strategies with purpose
- Build a budget to align with project goals
- Gather supporting data

Application Submission:

- Director of Grants and Special Projects





03

Program Implementation

Structuring the Program



Collaboration is KEY

Internally

- Multidisciplinary MAT team
- Correctional leadership
- Healthcare Staff
- Corrections Staff

Externally

- Treatment Centers & Clinics
- Community Organizations
- SC Clinician Warmline
- Pharmaceutical Vendor



Phases

One:
High-Risk and
Continuations



Two:
Withdrawal
Management



Three:
Induction



Phase One: High-Risk & Continuations

01/03

-Continue MAT for patients receiving therapy in the community and compliant with treatment

- Suboxone
- If patient is on Methadone, we do offer therapy switch with Suboxone

-Managing Opioid Use Disorder in Pregnancy with Suboxone

- Evidenced-based standard of care through organizations like ACOG and SAMHSA



Phase Two: Withdrawal Management

- **Substance Use Screening at Intake** – Intake nurse conducts a urine drug screen (UDS) for patients who disclose substance use history.
- **Compassionate Withdrawal Care** – Patients are placed on an evidence-based withdrawal protocol with supportive medications to ease symptoms.
- **Timely APRN Evaluation** – By Day 2, an assessment is completed by APRN to evaluate the need for a Suboxone taper.
- **Primary Goal** – Ensure a gentle withdrawal process while preventing precipitated withdrawals, promoting safer and more effective treatment outcomes.

Planning: Guidelines



Withdrawal: Opiate

- Seven day monitoring
- Supportive medications along with 5 day Suboxone taper if meets eligibility



Withdrawal: Methadone

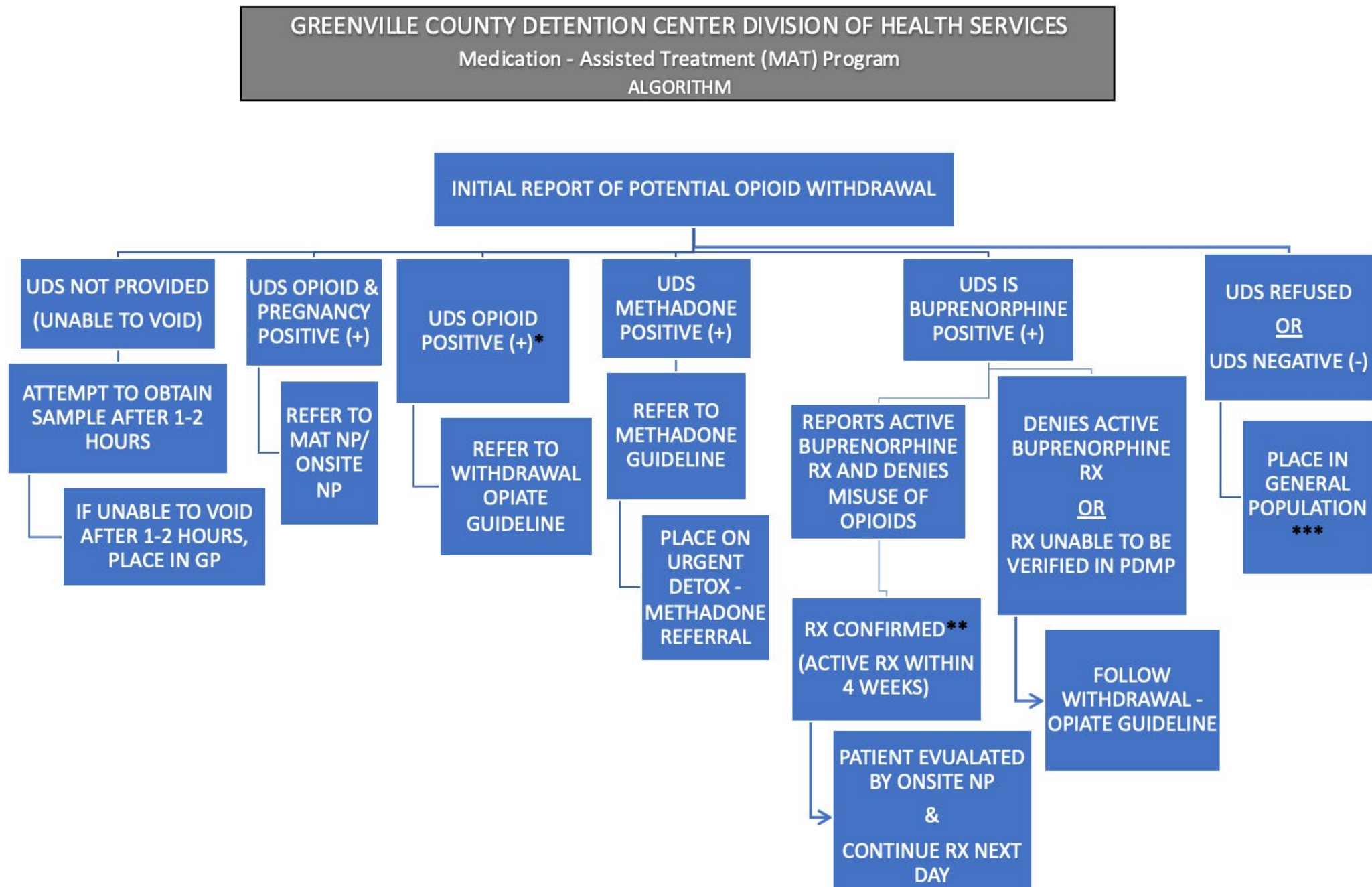
- Eight day monitoring
- Supportive medications and consideration of late Suboxone taper



Withdrawal: ETOH, Benzodiazepines, and Barbiturates

- Five day monitoring
- Supportive medications including benzodiazepine taper

Planning: Algorithm



Phase Three: Induction

03/03

- **Pre-Screening** – Patient meets with a community paramedic and social worker for initial evaluation.
- **Comprehensive Assessment** – Licensed addiction counselor conducts a Risk Priority Assessment to determine needs.
- **Collaborative Care** – Bi-weekly multidisciplinary meetings review candidates and select program participants for coordinated support.
- **MAT Initiation** – APRN evaluates the patient and begins treatment with Suboxone



Discharge Planning

Navigating Unpredictable Release in a Pre-Detention Facility

- **Signed Consent for 24-Hour Hold** – Allows medication administration of Brixadi and care planning
- **Patient Autonomy at Release** – May opt for discharge against medical advice
- **Goal:**
 - **Linkage to Care** – Ensure follow-up by scheduling appointments.
 - **Harm Reduction** – Provide Narcan to mitigate overdose risk.
 - **Support Services** – Facilitate transportation and housing resources for stability post-release.



04

Lessons Learned & Outcomes

Measurable Impacts

07.01.2024-12.31.2024

- SUD screening: **8945**
- Initiated an Opiate Withdrawal Guideline: **841**
- Completed an Opiate Withdrawal Guideline: **671**
- Suboxone Taper provided: **24**
- Tested for STDs/HIV/Hep C: **90**
- Positive for STDs and received treatment: **17**
- Received MAT during incarceration: **5**

Measurable Impacts

01.01.2025-Current

- SUD screening: **4879**
- Initiated an Opiate Withdrawal Guideline: **351**
- Completed an Opiate Withdrawal Guideline: **201**
- Suboxone Taper provided: **191**
- Tested for STDs/HIV/Hep C: **79**
- Positive for STDs and received treatment: **Pending**
- Received MAT during incarceration: **34**

Insights & Reflections

- **Change is HARD.**
- Limitations
- Stigma
- Medication Pass
- Human Resources
- Training for Correctional Staff
- Peer Support

Case Review #1

A 29-year-old female with a long history of opioid and methamphetamine use was incarcerated and discovered she was pregnant. She received comprehensive care, meeting with an APRN, in-house OBGYN, and community paramedics, and was initiated on Suboxone to support her recovery.

Upon release, we assisted in securing housing, transportation, and medical appointments to ensure continuity of care. Pregnancy was maintained and baby was delivered at full-term. She is now 9 months sober and remains engaged in community-based treatment, maintaining stability and progress.

Case Review #2

A 42-year-old male with a long history of opioid use received Suboxone for withdrawal management during a short incarceration. While incarcerated, community paramedics provided resources and educational materials. At the time, Phase 3 had not yet been implemented.

Following his release, he actively sought care within the community. Upon re-incarceration, a few short months later, he had been on Suboxone in the community and maintained 60 days of sobriety. With Phase 3 now in place, his treatment continued, ensuring stability and support throughout his incarceration.



05

Where Do We Go
From Here?

Goals for Sustainability

- Sustain funding to maintain and expand services
- Strengthen and expand community partnerships for seamless care during incarceration and post-release
- Educate and support staff by providing ongoing training to healthcare and corrections personnel to reduce stigma around addiction and MAT
- Monitor and evaluate outcomes by continuously assessing program effectiveness to drive improvement

Goals for Expanding Services

- ✓ Exploring long-acting injectables
- ✓ Reach more people
- ✓ Increase support services
(counseling, peer support, etc)



Connect with Us

Marty Lutz, MD

Medical Director

mlutz@greenvillecounty.org

Questions?

April Roberts, RN

Health Services Administrator

aroberts@greenvillecounty.org

Natalie Ragsdale, DNP, FNP-BC

Education, Training, & Compliance Manager

naragsdale@greenvillecounty.org



Center of Excellence Resources

- Free consultation and connection with technical experts on opioid abatement strategies and implementation
 - [TA Form](#)
 - Monthly Needs & Leads meetings
- Bi-Weekly Community Opioid Response Initiatives ECHO
 - [Link to sign up](#)
- Clinical warmline
 - Free, confidential, **clinician-to-clinician**
 - **consultation** on opioid, alcohol, and other SUDs
 - Call **864-914-1301**, Mon – Fri, 9 am – 5 pm