



Partnership Perspective Series: A Conversation with the Deputy Commissioner of DOC in Maine

Talking about opioid use disorder (OUD) treatment is critical to reducing stigma and improving access to care. Last month we spent time with Dr. Ryan Thornell, a criminal justice professional with more than 17 years of experience working with justice involved individuals. He began his career as a frontline correctional officer in the South Dakota Department of Corrections and since that time has held a number of roles in correctional facilities and within community corrections. Ryan has distinct experience reforming traditional policies and approaches to incarceration is passionate about advancing programs that positively impact the lives of justice involved individuals.

It is our hope that by holding space for these important conversations and elevating the perspectives of community partners, we will help others to understand the chronic nature of OUD and normalize evidence-based treatment.

To listen to the whole conversation with Ryan, [follow this link](#)

What brought you to this space, specifically what made you want to work with the Justice Involved population

It's what I've always known, I had an interest in doing this right out of high school...like many people I thought I would end up in law enforcement or working for the DEA, that was the track. My career took a turn when I began working as a corrections officer at the age of 19 as a freshman in college working at the South Dakota State Penitentiary.

Even at 19 I started learning about what brought people to incarceration... I was really drawn to the opportunities available to helping individuals in a different way than I had ever experienced before. Since that time, I really haven't looked back. Every step of my career, from corrections officer onward has brought different opportunities and cool ways to significantly impact people and communities. That is why I stay in this space, because of the impact you can have.

That is amazing, and we need more people like you in this space. In that line of thinking, how have you seen this space evolve? Specifically, around meeting the needs of justice involved individuals- meaning anyone involved in a police encounter to an inmate in the department of corrections?

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It's a constant evolution and it's been a good evolution. Traditionally corrections has been focused on locking people up and then releasing them into society. I've been fortunate enough that while I have been working in corrections, we have focused on figuring out different ways of intervening and making an impact. There has been a transformation to really try to problem solve for all the reasons that people come to incarceration.

Can I unpack what you mean about different ways of intervening?

...There have been different movements across time in terms of interventions- mental health services, education- we're now seeing a significant shift towards substance use disorder and opioid use disorder.

Do you think we're doing a better job with Education, Mental Health, and SUD?

I think we're doing a smarter job. We have stepped back and are doing a better job of recognizing all of the factors that bring someone to incarceration. It is about identifying what brought someone to the justice system. Education, mental health, medical, finance, homelessness, trauma, certainly SUD and OUD.

Part of the evolution now, when I say we are smarter- we are recognizing the multitude of issues and figuring out ways to address those issues...rather than putting everyone in one box with one program. The folks that are doing it right are focusing on the wellness of the individual, which is more of a holistic approach. That is the evolution. The more we evolve in that line of thinking... the better we release them to the community with a more well-rounded situation that allows them to stay in the community longer.

Do you think we are doing a better job of empowering staff to be able to do these things, whether they are behind the wall in a prison or jail or folks who are out on the street and responsible for arrest and de-escalation? Do you think we are doing a better job of empowering them to do their jobs differently?

I think we are doing a better job, and we are certainly doing a better job of recognizing some of those things as being necessary for front line staff to be able to handle. The view on law enforcement and corrections staff and their roles have changed dramatically, it is not just about the traditional approach to problem solving. It is more about de-escalation, it's more about prevention, it's more about sustainability in the community

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and stability. So that requires staff to be able to communicate differently. It requires staff to have a better understanding of mental health/behavioral health needs. It requires staff to know about community resources that are available. We have recognized this in the justice system, and I think right now you are seeing this unfold across the country, new training, and new focuses on empowering staff in that way.

Are you seeing folks be receptive to that? Are they craving that? Do they know they need additional support?

The majority of staff want that development, that new approach. There is always going to be staff that are more traditional thinking, but for the most part staff really are in this business to help people. That is why folks go into public service for the most part. When we sit down with the individual, we find that they want to do their jobs better, they want to learn what's new, and they want to have the tools available to them.

Has OUD always been an issue, or is it bigger than it was when you first began?

OUD is a much more significant issue than it has been. Certainly, SUD more broadly has been prevalent in the justice system and in corrections but as we've seen in our communities in the last decade or so, OUD has become much more of an issue. It has been a prevalent issue in the corrections world in the last 5-7 years...

...the other pressing piece that has brought it more to the forefront in the justice system recently, is that it is now much more of a public discussion. There is much more attention focused on the impact of the opioid epidemic on the justice system and corrections. People are actually reaching into the correctional system, which is typically closed off, and asking us questions and trying to figure out what we're doing and supporting the work we're doing- which is different.

Who is reaching in? Who are the folks reaching in the try and figure out what is going on?

Advocacy Groups, community service providers, peer recovery networks, public policy makers, the whole gamut because they see the impact of the opioid epidemic on the corrections population, and we've learned that the epidemic has contributed a lot to incarceration rates and factors leading to incarceration - so it has become much more of a public discussion which has helped bring it to the forefront quicker than other issues that have come up.

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That's great to hear. One of the things that I learned to be true in my last role in this space is that post release overdose is the leading cause of death for people who are leaving jails or prisons. That is striking, and it has to impact morale among your staff, knowing that when someone walks out your door, they have such a high chance of not being able to live their life. Is that something that they are feeling, they know, they understand?

They absolutely know that and understand that. When we look at the Medication Assisted Treatment services that we've put in place and that we're supporting in other correctional agencies, one of the key factors is that staff have become very aware of all of the risk factors that this population has and every one of those factors leads to an increased risk of overdose upon release. Factors like homelessness, past use, trauma. When you combine them all - because many of our incarcerated individuals have 3-5 of these risk factors- it elevates their risk for overdose even more.

So often in the justice sector we focus on recidivism and coming back to arrest and coming back to incarceration, it is really helpful in this space to the focus away from that to more public health factors and making it about more than keeping someone from being arrested again, but instead it is about keeping them alive and keeping them in the community. So that has been a big education piece for all of the staff.

Did you always believe in Medication Assisted Treatment?

I've always focused on becoming as informed and educated as I can, in all of the aspects of the justice sector and public health arena and substance use treatment areas. MAT historically wasn't part of that conversation and so I didn't know what I didn't know. As MAT has come into corrections in the last 5 years or so, and I have become more informed and educated about it, it has become very clear to me that the evidence demonstrates how effective it is. As I learned more about it, I have made a commitment to continuing to stay informed about it and commit to the role that MAT has in the corrections space. So now I consider myself a champion of it, and every conversation that I can be in to help people become more informed and educated because I don't believe people outwardly set out to be in opposition to MAT, it is more about what they don't know and haven't been privy to in the past.



Now that I am a champion of it and a believer in it, that is what I try to share with others as well.

When you encounter someone who is resistant to the idea, what is the most common reason?

A couple of things we hear in our space specifically is that buprenorphine has been trafficked inside corrections previously, and so people are so accustomed to seeking it out as a trafficked drug and getting it out of a corrections facility- that sort of mentality. Also, there is a large group of people, not just in corrections but in general that see MAT as replacing one substance as another. It really becomes about having information to help them understand why that is not the case.

These must be difficult conversations

They are, they are really difficult early on. It really becomes about sitting down and having that conversation- providing information for staff and the public about what the treatment is, why it is so appropriate, and why it is not trafficking illegal drugs into corrections- it is medication, and a medical service. Approaching it from that lense helps, and it really gets better as you demonstrate effectiveness from it.

Who are the folks that you have had to convince to allocate resources to this space?

It depends, oftentimes it is government - it depends on the administration and policy decision making and the environment at the time. I've found myself in different environments where decision making needs to stay at the local level and you can really only do so much with limited resources, and you figure out ways to get by and still make an impact. I have also been in environments like I am in now, where it is much more supported, and full speed ahead. That helps open up resources and make those connections beyond the justice system to have a better continuum of services.

What advice would you give to others who might want to take a more active role, similar to what you've been able to do.

The first piece of advice would be to become informed. That is really what I challenge a lot of people with on a daily basis- not just in this space but just in general... We really

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first need people to start moving away from their old experiences, the old stories, and really shifting towards more modern solutions, things that we know are working. More specifically, inside the justice space specific to MAT, corrections has its own stigma.

MAT has a stigma that results from years of drug trafficking, diversion, contraband...and the security/law enforcement side of things. My advice is for people to challenge the stigma and figure out ways to be part of changing that narrative.

We don't approach other medical issues- public health issues from that lense. There is no reason that MAT needs to be attacked that way. So, when we become more informed about the medical necessity of MAT vs it being seen as a security threat, it really helps people get more comfortable and gets people more comfortable with the discomfort of getting involved.

I love that phrase- "Thinking of Medication Assisted Treatment as medical necessity- not a security threat"

Yea, we don't treat the other medical treatment options that we have available for our population in the way that we treat this. To me, we really have to challenge that, there is so much stigma in this space that we have to break down those walls and to get people to understand what it really is, and what it is here for.

That is why we have started this conversation series, because the more we talk about it in a way that is digestible, the more folks will engage with the idea that it can save a life.

To pivot a bit, where are you seeing dollars go, to address OUD from your perspective?

That has been a shift here in the last two-two and a half years.... we're focusing on how we keep people in the community. Shifting the funding for OUD and SUD into community treatment areas and into community housing- those are the areas where the dollars need to go. That is where they are beginning to go here.

Historically, and still in parts of the country, dollars are funneling towards incarceration or funneling towards law enforcement specifically. Not focusing on OUD treatment factors the way they should.

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When you say OUD treatment factors- do you mean community and social services that keep people well and in the community?

Correct, and I 'm talking about having those services in place to prevent the need for law enforcement and incarceration.

So, you're saying other folks could presumably do some of the de-escalation and prevention so that it doesn't all land on the shoulders of law enforcement and corrections?

Correct. These are not problems that law enforcement and corrections should be the primary responders to. So, funneling the resources to ensure that is what needs to be the priority.

Could not agree more, but I think it means a lot more coming from you- that is really helpful. I want to talk about data a bit.

** consider cutting the data question**

Let's talk about data. How are justice involved entities (jails, prison, probation, others) collecting data to demonstrate success?

One of the challenges is that success is measured in so many different ways. It depends on who the entity is and how they are measuring it. In corrections specifically, we historically focus on recidivism. We focus on overdose rates and other more sizable measures, which you know- really are easy to track and easy to report on in some ways. What I think we need to do a better job - and again you are seeing some states do this, specifically in the New England area, we need to focus more on basic measurements of success, short measurements of success, more positive outcomes for individuals. Things like:

- The number of individuals making their first community appointments
- The number of individuals complying with medication and continuing with medication
- The number of individuals who have strong continuity of care plans.
- The number of people who have stable sustainable employment
- The number of people back in school, meeting benchmarks in education

Those are the things that historically the system has not focused on - in terms of data and measurement. It's less important to know how many people are returning into the corrections system, and more important to know what individuals are doing in the community. Whether it is post arrest or post release from incarceration -. How well did we do in setting them up, to me that is a better marker of success. If we take more of a wellness approach those are the things we should focus on as measurements of success.

What makes you hopeful for the future?

There is a lot, and that is what keeps me in this space pushing the way I push. The evolution is real, and the evolution we are witnessing in the last several years, is really one where we focus less on the traditional security/law enforcement approaches- which are still important, but they need to be offset by thinking about how we make these people better and give them a better opportunity.

I am hopeful because there is significant conversation and action being taken in that regard. I mean that locally in Maine and Nationally. There are many states looking for ways to better the individuals in their care custody and do so meaningfully, and that excites me because it means that we transition people out incarceration into the community, we keep them there, we put them back into the family setting, we build stronger communities we address other public health issues at work, and in the end have better outcomes all around. That's what gives me hope, that's what keeps me in this space and what excites me.

This has been amazing, and I want to give you the floor before we wrap up. Is there anything you want to say?

First, thank you for the opportunity to have the discussion. I think it is a critically important discussion not only in the corrections space, the justice space, but as you say the broader public health space- in our communities. The thing I will leave you with, is a reiteration of my comment earlier about encouraging people to become informed in the right ways about what really is a public health issue impacting all different sectors of, not only the justice system but also our communities. The more people we have that actively get informed, and become involved, the better conversations we have, the better strategies we have, and ultimately the better outcomes we will have. Until people are ok being uncomfortable in this space and having these uncomfortable conversations and really pushing themselves outside of their traditional perspectives, it is a slow churn. So that is what I would encourage people to do- and really challenge the status quo. Figure



out what we know and what direction to go in. I hope that everyone gets excited by the direction that many states and many policy makers, and community organizations are moving in. I think we really are in a key problem-solving mentality than we have been in the past. It is really exciting.

Thanks again for the opportunity.

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