



**MEDICATION  
ASSISTED  
TREATMENT**  
*for the*  
**JUSTICE**  
**INVOLVED**

*Collaborating with Justice  
Impacted Agencies and  
Community Providers*

*presented by*

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SACRAMENTO SHERIFF'S DEPARTMENT  
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SACRAMENTO COUNTY PROBATION DEPARTMENT

# ARRESTEE DRUG ABUSE MONITORING II (ADAM II) PROGRAM

ADAM II was a second generation federal data collection program that showed drug use patterns and related issues among arrestees in 5 sites

**ATLANTA, GA**

**CHICAGO, IL**

**DENVER, CO**

**NEW YORK, NY**

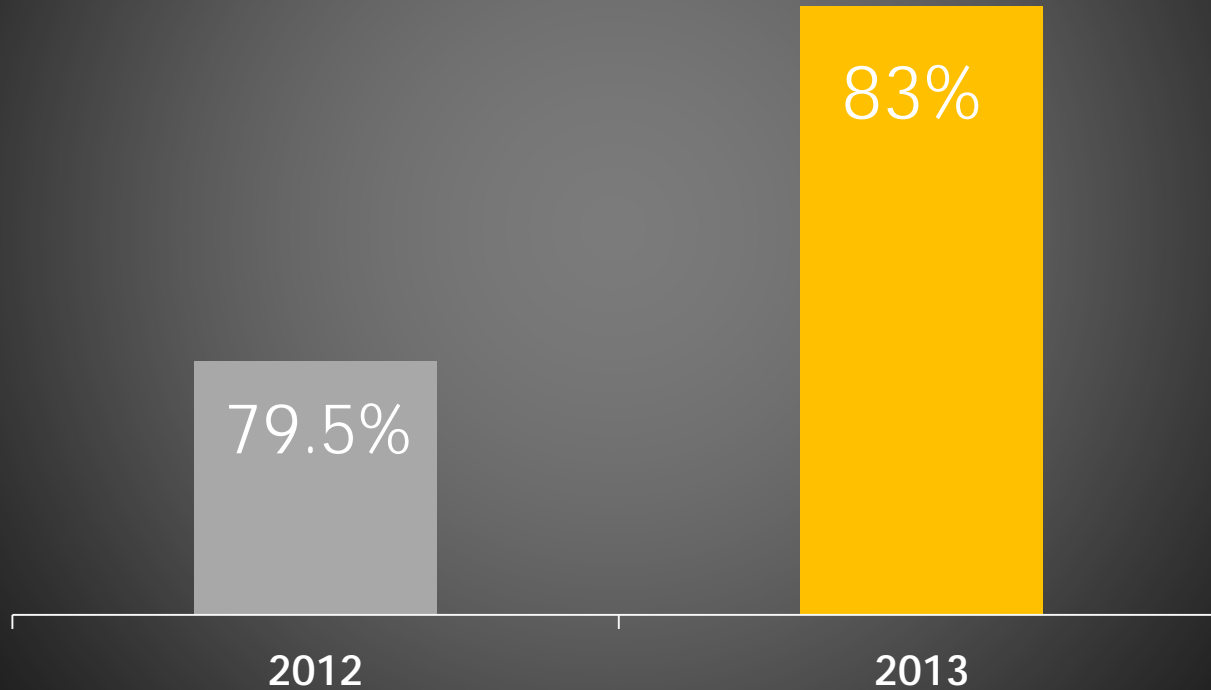
**SACRAMENTO, CA**

Surveys and drug tests are used to gather information from booked adult male arrestees within 48 hours of their arrest



# HOW DOES SACRAMENTO COUNTY COMPARE TO OTHER ADAM II SITES

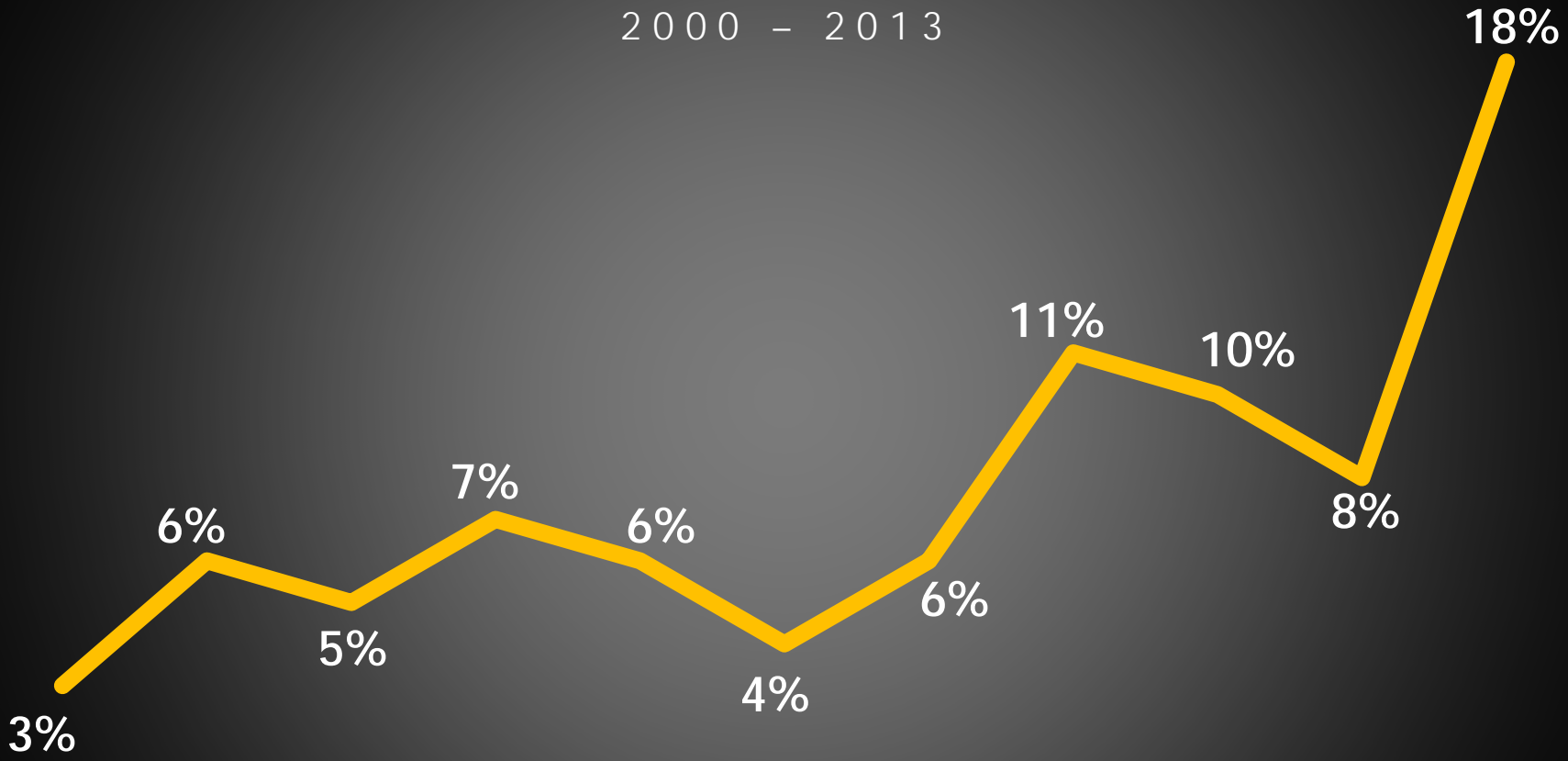
# SACRAMENTO TOPS ALL SITES FOR POSITIVE DRUG TESTS IN 2013



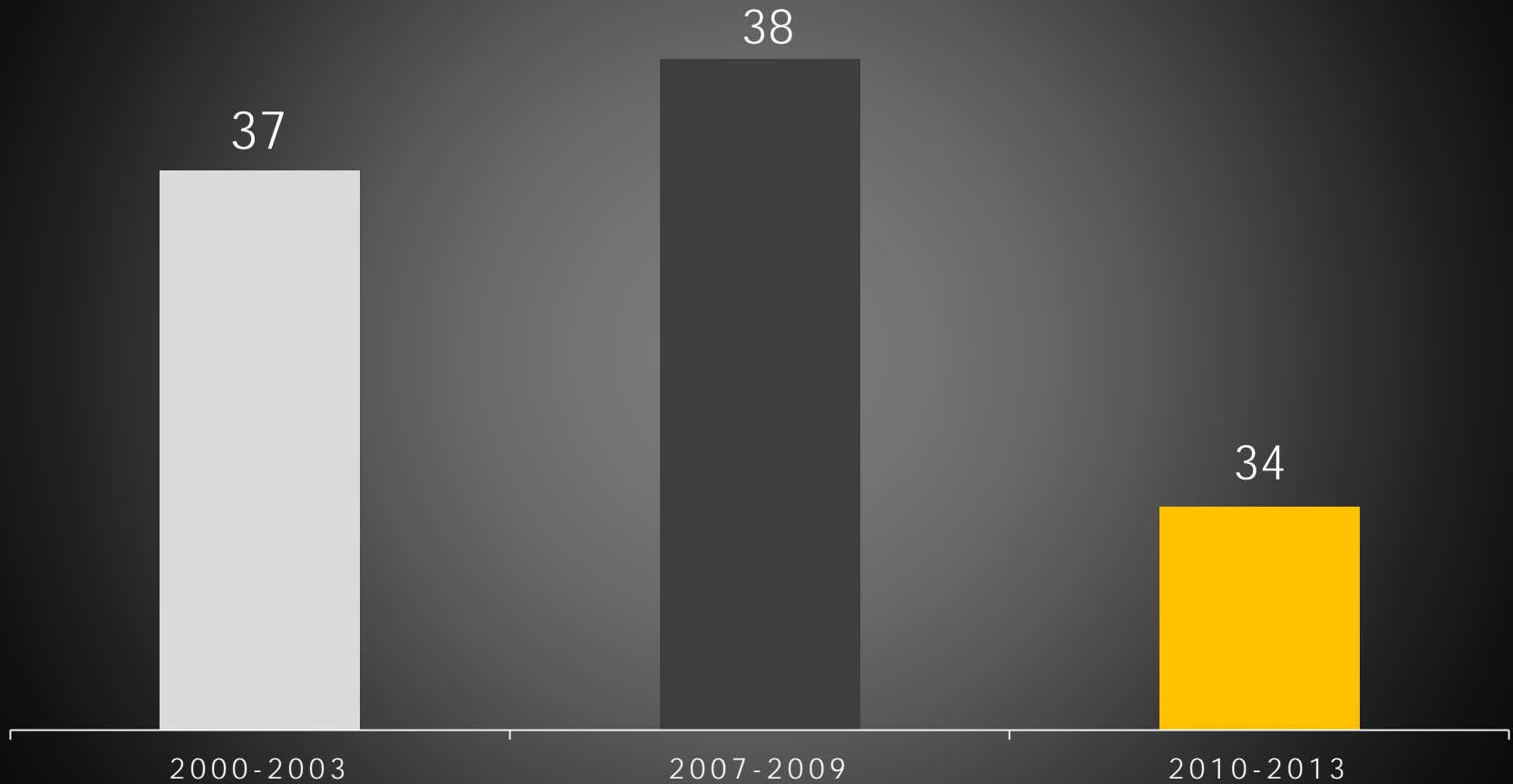
83% OF ARRESTEES ARE POSITIVE FOR AT LEAST ONE DRUG

# SACRAMENTO OPIATE USE

2000 - 2013



# AVERAGE AGE OF SACRAMENTO ARRESTEES FOUND POSITIVE FOR OPIATES



AVERAGE AGE OF OPIATE USERS HAS DROPPED

# PUNISHMENT VS. TREATMENT

- A CHANGE IN PERCEPTION

**Studies and practical experience have shown us the following:**

Incarceration for punishment alone has little effect

Incarceration utilized for SUD stabilization AND to deliver treatment **is effective**

Traditional treatments (methadone, buprenorphine)

Innovation in treatment methods

Naltraxone (oral)

Extended-release injectable naltrexone - Vivitrol

# THE “WHY”

## - ENDLESS BENEFITS

### Cost avoidance

Incarceration costs \$125 per day

Reduced demand on correctional health care

### Employment

Increased number of offenders receiving post-release employment

### Overall reduction in crime

When recidivism rates decrease, overall crime rates should decrease



# BUILDING A COLLABORATIVE PROGRAM

## **Climate of Change**

The time is now

## **Funding**

General Fund

Grants – BJA, State and Private

## **Collaborate**

Cannot be done alone

## **Continuity of Care**

## **Post-release engagement**

Success Increases with Continued Client Engagement

# SACRAMENTO'S PROGRAM

- 2013 – PRESENT

## Partnerships

Sheriff's Department, Probation, Correctional Health Services, Community Based Organizations

## Participant identification and screening

Risk and Needs and other Assessment Tools

## Evidence-based treatment curriculums

Relapse Prevention, Substance Misuse, CBT

## In-custody use of AOD counselors

CADC – CCAPP Certifications

## MAT administration

Correctional Health Services  
WellSpace Health

## After care services

Continuity of Care  
Supervised Release

# WHAT WE LEARNED

## The Good

WellSpace Health

Probation

In-Custody Human Services Navigators

Data Collection

## The Bad

We Started One Dimensional

Few Programs to Learn From in the Beginning

# COLLABORATIVE COURTS

“Recovery is a Journey not a Destination”

Recovery Court (Drug Court) 24 years

Onsite Treatment 9-12 months

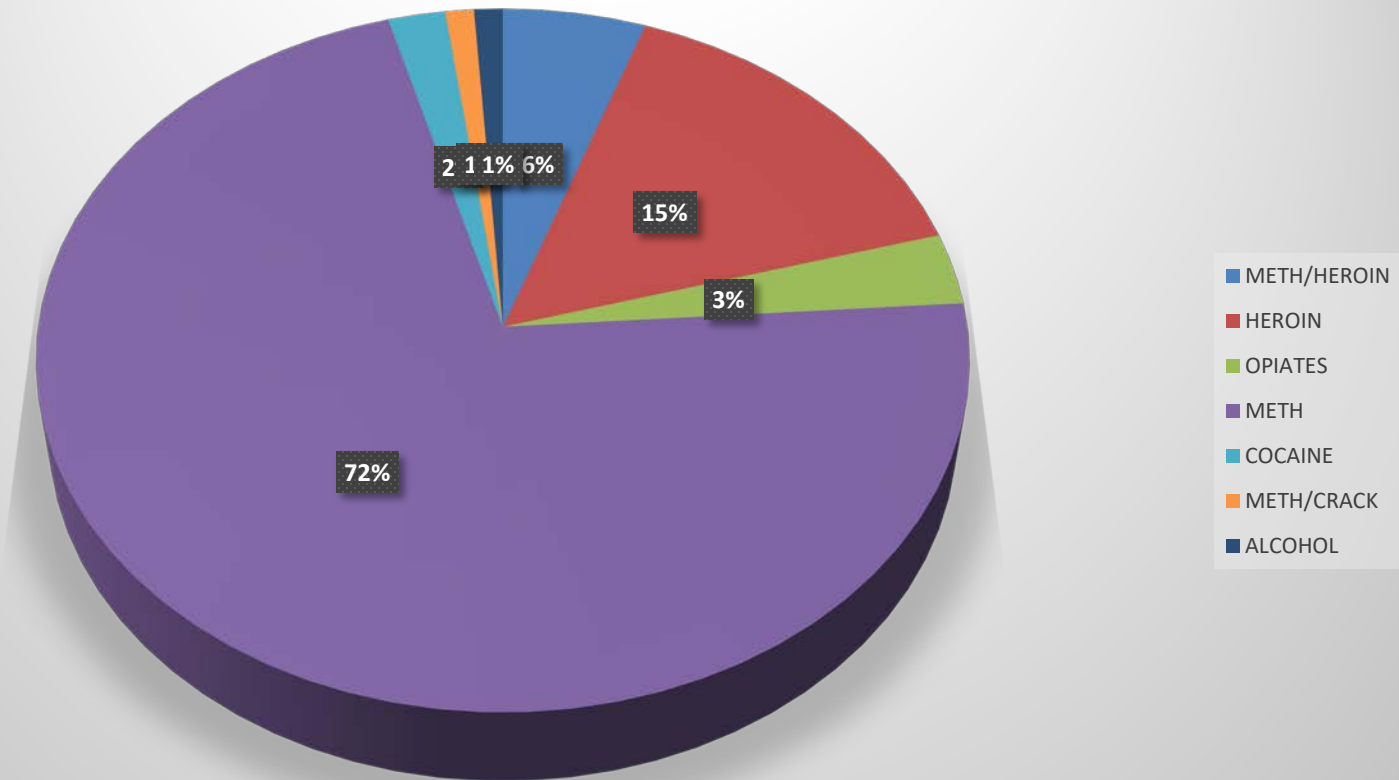
Methadone and Suboxone

Vivitrol since 2014

# 2018 RECOVERY COURT

Total Intake	METH/HEROIN	HEROIN	OPIATES	METH	COCAINE	METH/CRACK	ALCOHOL
88	5	14	3	66	2	1	1

Drug Of Choice



# ADULT DAY REPORTING CENTERS

## 3 ADRCS (Established 2010)

Case management

Treatment

MAT

Employment programs

Community service

Education (GED)

# MAT PROGRAM RESULTS

All Justice Involved Participants

## Recidivism Defined

California Board of State and Community  
Corrections

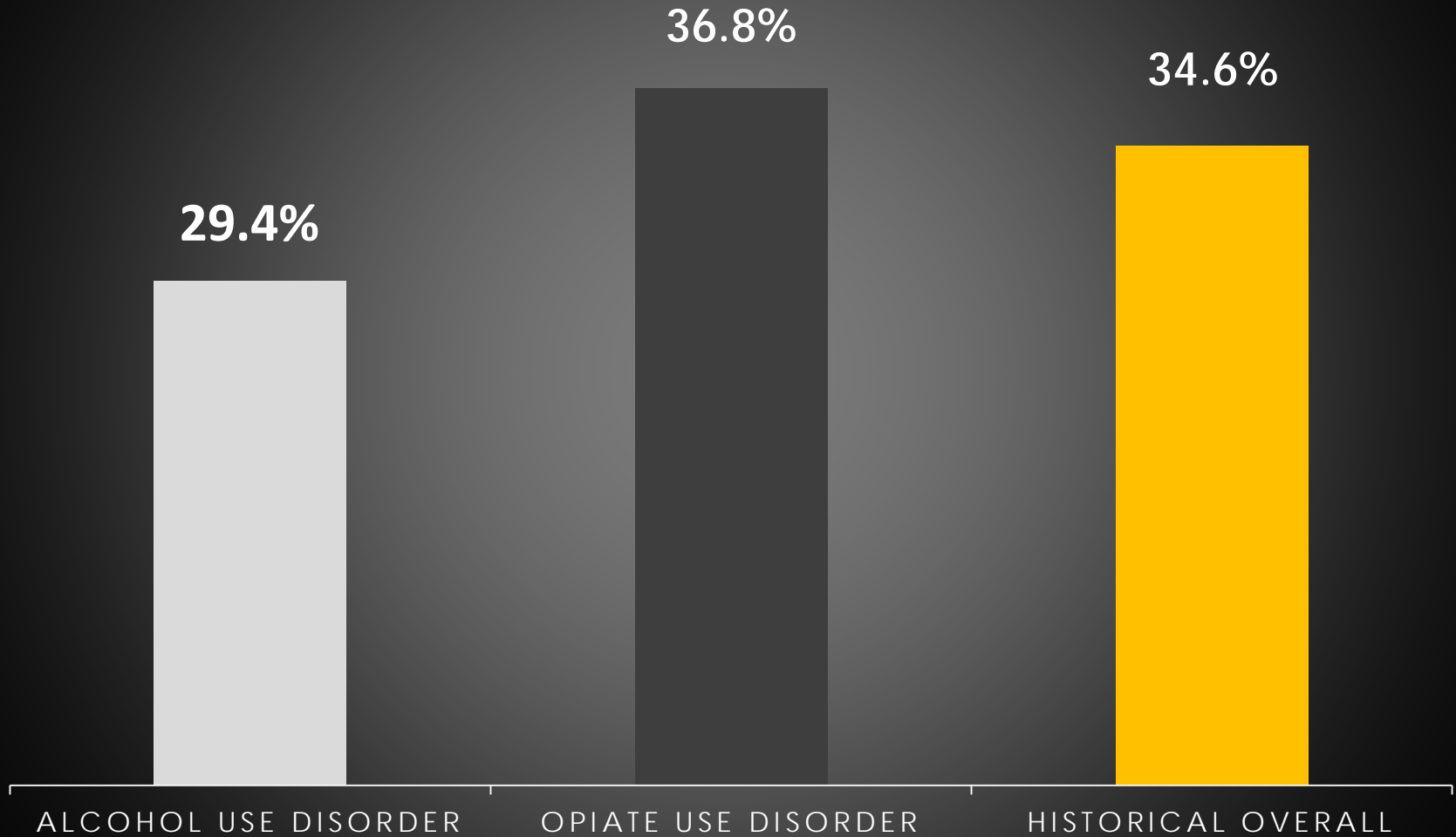
(Historical Average - 67-73%)

## Other Important Program Benefits

Increased post-release employment rates

# THE RESULTS

## PROGRAM RECIDIVISM RATES



2013 to Present Recidivism Rates for all Justice Involved Participants



# CONTACT INFORMATION

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