



CALIFORNIA
HEALTH
POLICY
STRATEGIES, LLC.

The Case for Treating Opioid Addiction in Correctional/Criminal Justice Settings

County Touchpoints in Access to MAT for Justice Involved Populations

Two-thirds of people in jail meet the criteria for drug dependence or abuse.

Bureau of Justice Statistics 2014

- of these, at least 25% have an Opioid Use Disorder
- at least 16-17% jail detainees have Opioid Use Disorder

Many more have alcohol and/or methamphetamine addictions

■ WHY TREAT ADDICTIONS IN THE JUSTICE SYSTEM?

Release from prison or jail creates extremely high risk of overdose death

- Persons released from prison have 129 times the risk of overdose death than the general population.

Providing MAT to detainees WORKS

- RIDOC saw 61% drop in opioid overdose deaths after release within a year of program launch, contributing to a 12% overall drop in overdose deaths across the state
- Rikers Island has seen twice the rate of adherence in outpatient treatment when methadone is continued during jail stay compared to forced methadone withdrawal

■ CORRECTIONS-BASED ADDICTION TREATMENT



- Evaluation in 1980s found significant reductions in recidivism among graduates compared to parolees without treatment and drop outs (51% arrest free versus 15% after three years).
- 1994 Congress established the Residential Substance Abuse Treatment (RSAT) Program for state prisoners under the Violent Crime Control and Law Enforcement Act (Pub. L. No. 103-322, § 1901). Continues today under BJA, for prisons and jails
- Most prisons and jails have operated SUD treatment outside of health care and considered mental health and SUD treatment “mutually exclusive.”

Historically.....

- Nearly all state prison systems and most jails categorically refused to allow any medication assisted treatment. *Primary exception in Rikers Island, which has provided opioid treatment with methadone since 1987.*
- MAT has not been acceptable in drug courts.
- Probation has not uniformly accepted methadone
- Child welfare systems had considered MAT unacceptable

With national efforts to curb the opioid epidemic, the use of MAT has grown, as has the acceptance of addiction as a treatable medical condition using MAT and behavioral health Interventions

■ “EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SYSTEMS”

Game Changers.....

- November 2018 CDCR and the Prison Health Care Receivership announced intent to develop comprehensive addiction treatment with all forms of MAT for all prisoners throughout incarceration

- National Sheriffs Association Jail Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field states:
 - *FDA-approved forms of MAT is the standard of care for OUD*
 - *Use of MAT is determined by the physician and the patient – all forms are available, and treatment is customized to the unique patient’s needs.*

Medical standard of care for OUD.....

All persons with opioid addictions should have all FDA-approved forms of MAT available to them, via an individualized treatment plan

This norm is finding its way into criminal justice settings.....

- Drug courts and collaborative courts are accommodating MAT
- Probation is addressing MAT and SUD treatment
- Jails are:
 - Continuing treatment started in the community
 - Initiating SUD treatment during incarceration, including MAT
 - Assuring continuity of treatment upon release from incarceration



Game Changer.....

Mental Health and Substance Use Disorder services are mandated as one of ten essential health benefits in the Patient Protection & Affordable Care Act of 2010.

In 2015, a Waiver Demonstration Project to provide a continuum of care for "Substance Use Disorder" services in counties that OPT to participate in the Waiver was approved.

***CREATES AN ORGANIZED DELIVERY
SYSTEM OF CARE and
AN ENTITLEMENT FOR MEDI-CAL
BENEFICIARIES RECEIVING SERVICES
THROUGH THE COUNTY SYSTEM OF CARE***

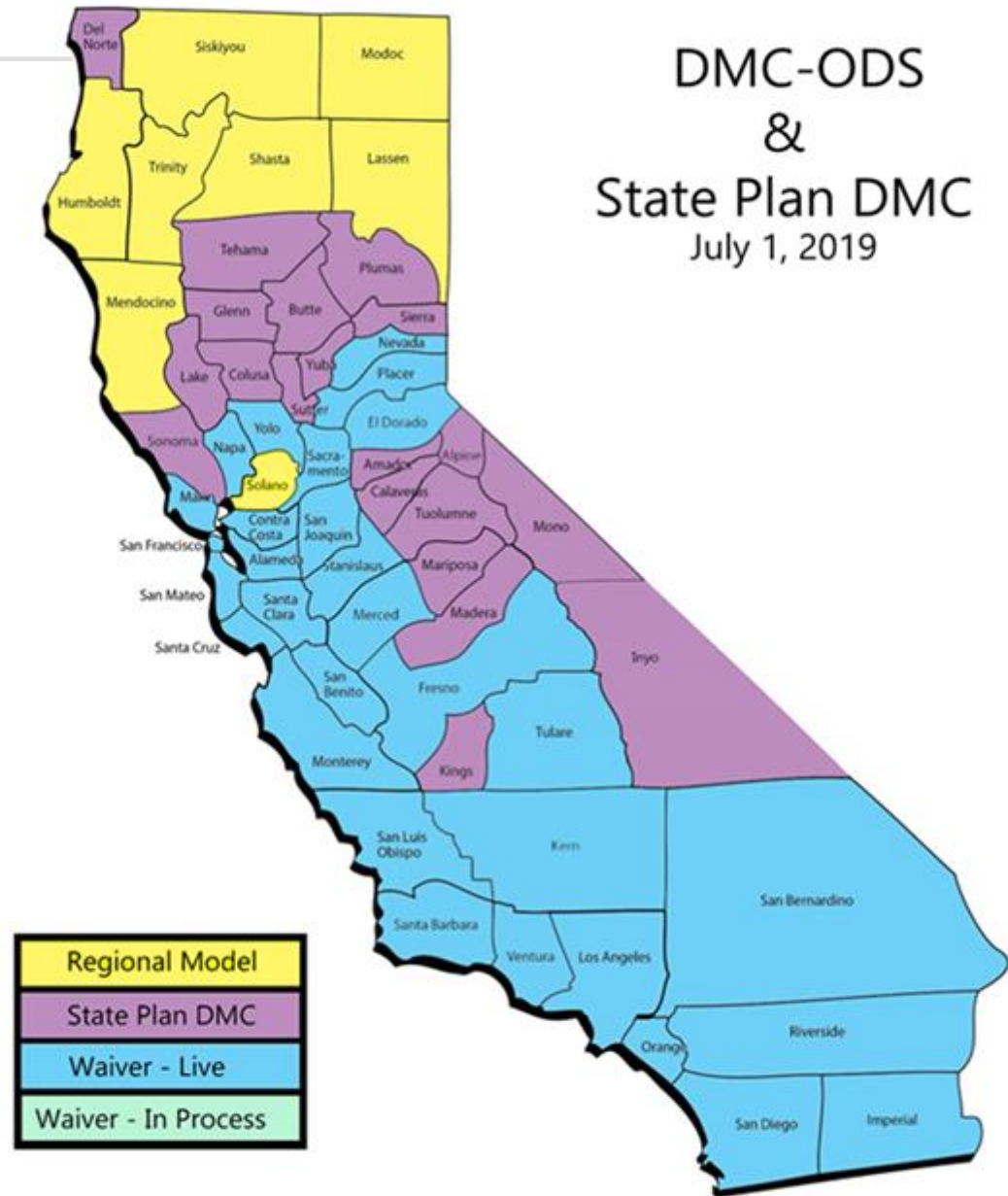
■ CALIFORNIA CURRENT STATE: COUNTY DRUG TREATMENT

Statewide strategy under **Medi-Cal Waiver**: All counties must upgrade AOD systems to bring in clinical expertise and offer all forms of MAT in all treatment settings

- Counties at different points of implementation, but direction is clear
- Medi-Cal benefit covers SUD treatment and MAT for low income adults in community settings

STATE PLAN

DMC-ODS & State Plan DMC July 1, 2019



THE NEW ASAM CONTINUUM OF CARE MANDATED UNDER DMC-ODS



Care Coordination - Case Management

Outpatient	Narcotic Treatment Program	Intensive Outpatient	Residential	Hospitalization
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Recovery Support Services

Medication Assisted Treatment

FUNDING FOR COMMUNITY BASED ALCOHOL & DRUG PROGRAMS



Alcohol & Drug Budget

Drug-Medi-Cal 1115 Waiver

State-Plan Medi-Cal (non-Waiver)

Substance Abuse Prevention & Treatment Block Grant

- Discretionary
- Prevention Set-Aside
- Perinatal Set-Aside
- Adolescent Set-Aside

Driving Under-The-Influence Fee-For-Service Programs

State Opioid Response & State Targeted Response Grants

Criminal Justice Budget

Public Safety Realignment Funds (AB109)

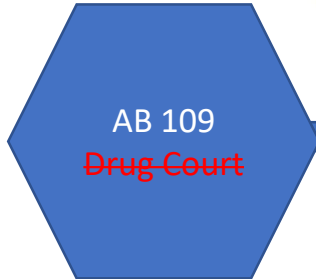
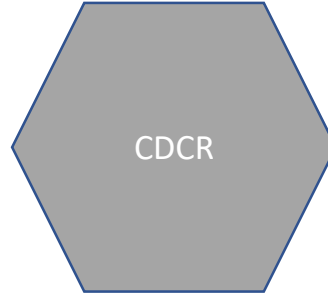
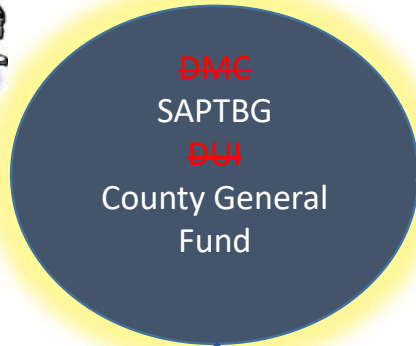
CDCR Reentry Programs

BSCC Discretionary Grants (Prop 47)

Drug Courts

Other Federal Grants

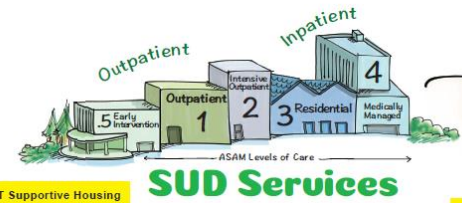
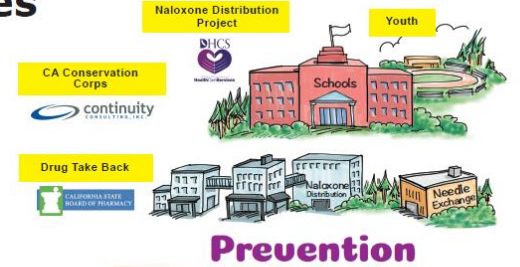
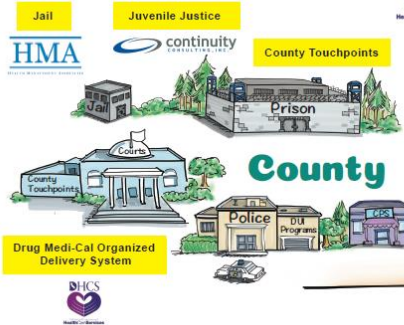
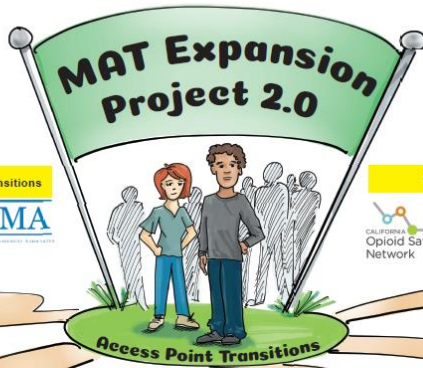
FUNDING STREAMS FOR MAT IN CUSTODY



STATE OPIOID RESPONSE



Department of Health Care Services



Statewide Projects

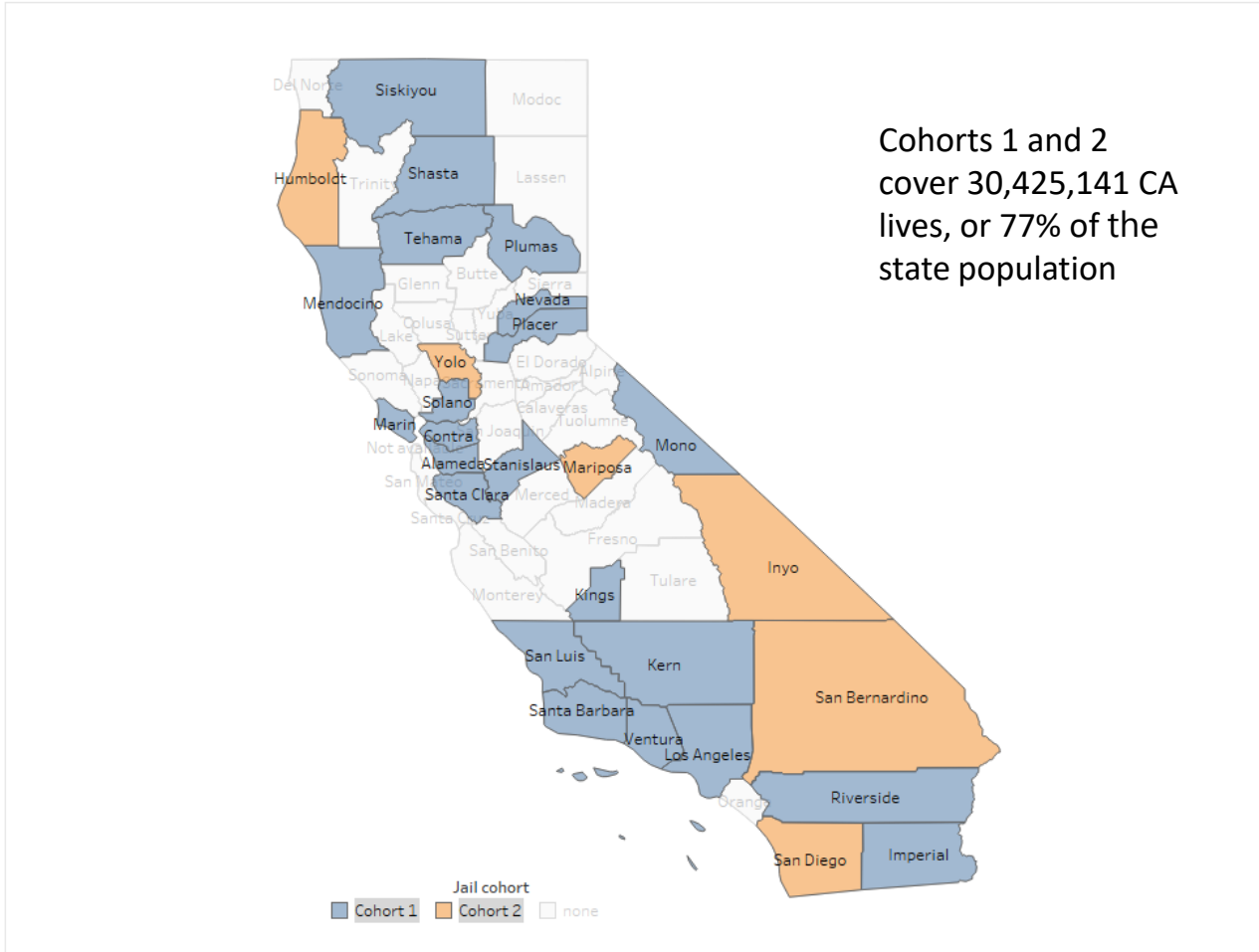


■ SOR: CURENT LOCAL AND STATEWIDE CRIMINAL JUSTICE PROJECTS

- At least 33 counties working to be able to continue MAT in jail settings, many already started
- Many also developing capacity to START treatment in the jails
- 25+ counites working to expand access to MAT through drug courts
- **Current challenge for many courts and probation:**
 - Incomplete understanding of addiction and MAT
 - Incomplete understanding of evolving system of county treatment providers
 - Many use “parallel universe” of SUD providers, long historic relationship. Abstinence-based
 - Not accessing Medi-Cal benefits
- County Touchpoints project to support ability of justice and human service agencies to support MAT

CALIFORNIA JAIL-BASED MAT PROGRAM

California Jail-Based MAT Program



■ CALIFORNIA STATE PRISON SYSTEM IS TREATING ADDICTIONS

CDCR has committed to treat all addictions with all FDA-approved forms of medication, throughout incarceration. Announced in November 2018.

First priority populations:

- Prisoners arriving from jails on MAT
- Inmates overdosing in prison
- Inmates within two years of release date

Parole Offices are being trained to address and support MAT

CDCR is now releasing prisoners on MAT “out to court” to counties

Providing MAT to inmates improves behavior behind bars

- Detainees receiving methadone continuation during incarceration are 3 times less likely to receive disciplinary tickets than those on forced methadone withdrawal *Addiction Medicine Mar/Apr 2-18*
- CDCR saw 58% reduction in Rules Violation Reports in inmates receiving MAT

Treating pregnant women with OUD in jails can profoundly impact the health of the fetus and the recovery of the mother

NEUROSCIENCE OF ADDICTION

Dr. Corey Waller

<https://www.youtube.com/watch?v=M5Mky3Jr960>

METHADONE

full agonist

activates opioid receptors which eliminates craving for other opioids

BUPRENORPHINE

partial agonist

activates opioid receptors in the brain, but to a much lesser degree, which reduces craving for other opioids

NALTREXONE

antagonist

blocks opioid receptor without activating it which eliminates opioid effect if opioids are taken

If the “high” from heroin is compared to a car accelerator...

Full Agonist = Full acceleration is possible. Dose prescribed keeps patient at or under the “speed limit” (normal dopamine level)

Partial Agonist = Acceleration is only possible up the speed limit. Cannot go faster.

Antagonist = Box build around accelerator; it cannot be used.

■ WHAT TO DO WHEN PEOPLE ON MAT TEST POSITIVE FOR OTHER SUBSTANCES

- **MAT is being used for OUD, not other substances**
 - Patients frequently use multiple substances
 - Multiple studies show treatment of OUD with MAT reduces or eliminates other substance use over time
 - Greatest concern is use of benzodiazepines with MAT
Recommendation: Do **NOT** stop MAT because of benzo use
- **Relapse is expected in the chronic disease of addiction**

National Commission on Correctional Health Care-Oct 2018



Jail Based Medication-Assisted Treatment

Promising Practices, Guidelines, and Resources for the Field

FDA-approved forms of MAT is the standard of care for OUD

***Use of MAT is determined by the physician and the patient –
all forms are available and treatment is customized to the
unique patient's needs.***

■ LEGAL CHALLENGES: ADA AND OPIOID ADDICTION

- ACLU sued jails in Maine and Washington for violating the Americans with Disabilities Act by refusing to provide MAT to inmates with opioid addiction. So far, detainees have won all cases
- US Attorney in Massachusetts investigating the DOC for possible ADA violation for refusing to provide MAT to inmates with opioid addiction
- Rationale to refuse to provide methadone or buprenorphine behind bars is likened to refusing to treat diabetes with insulin. “Yeah, we don’t do that here” sounds like **deliberate indifference**
- Terminating treatment for a diagnosed condition sounds like **deliberate indifference**

EVERYBODY WINS

- ❖ Person with OUD has the opportunity to engage in treatment and recovery and get his/her life back
- ❖ Overdose deaths are prevented
- ❖ Crime is prevented

Today, the emerging question for criminal justice and human service systems is no longer

IF

we should support treatment of opioid addiction with MAT, but

HOW

■ ADDICTION FREE CA WEBSITE



DATA DASHBOARD

Review powerful data that brings together county risk and support data points and maps new treatment projects.

[READ MORE](#)



RESOURCE LIBRARY

Find current addiction treatment resources from top experts around California and nationally.

[READ MORE](#)



CHOOSEMAT TREATMENT LOCATOR

Start your recovery today, find treatment near you.

[READ MORE](#)



SAMHSA TREATMENT LOCATOR

Find practitioners authorized to treat opioid dependency with buprenorphine by state.

[READ MORE](#)



California MAT Expansion Project

[Partner Projects](#)

[HMA Projects](#)

Upcoming Events

County Touchpoints Leadership Session Learning Collaborative 1

August 22 & August 23, 2019

San Diego, CA

[Register here](#)

[Read More](#)

County Touchpoints Leadership Learning Collaborative for Northern California Counties

Sacramento, CA

September 26, 2019, 8:30am-4:30pm

[Register here](#)

[Read More](#)

County Touchpoints In Access To MAT For Justice-Involved Populations Project

The County Touchpoints in Access to MAT for Justice-Involved Populations project is focused on outreach, education, and training about opioid addiction and treatment in county criminal justice and human service systems. The project is managed by Health Management Associates and California Health Policies Strategies LLC.

DHCS created this project to provide training and technical assistance to leaders, managers, and line staff in key positions of interface with the justice involved population.

Between August 2019 and September 2020, a series of training programs will be provided in a Learning Collaborative model across the state. The project team will engage leaders in a training program and invite them to commit the participation of their key managers in a second round of training and key line staff in a third round. Each training session will include didactic content and breakout sessions using discipline-specific workbooks with relevant case studies, resources, and discussion questions. Sessions will also be professionally videotaped and made available through a project website.

Participating organizations will also be eligible to participate in topic-specific webinars that highlight case studies and circumstances unique to that discipline. Where possible, educational sessions and webinars will provide profession-specific continuing education credits. Finally, participating organizations will also be able to request on-site technical assistance in overcoming local barriers to the use of MAT.

The following respected criminal justice and human service leaders have joined the project team to bring this important opportunity to their peers:

- Bonnie Dumanis (retired), District Attorneys
- Judge Len Edwards (retired), Juvenile Courts
- Judge Rogelio Flores (retired), Adult Collaborative Courts
- Howard Himes (retired), Human Services and Child Welfare
- Dave Meyer (retired), Public Defenders
- Cal Remington (retired), Probation

■ COUNTY TOUCHPOINTS GENESIS

Learned from MAT in County CJ project that:

- Even when leadership across the justice and human service systems are supportive of MAT, misinformation and resistance exists
- Justice and child welfare workers are often in a position to pressure persons on MAT to stop its use
- Justice and child welfare work force do not sufficiently understand the neuroscience of addiction, its treatment, or the risk of overdose death when recovery is interrupted

The County Touchpoints project is designed to educate and activate the key stakeholders in every county about their role in supporting on-going recovery for persons using MAT, rather than recommending its termination.

■ COUNTY TOUCHPOINTS PROJECT COMPONENTS

Six targeted stakeholder groups

- Each has “Stakeholder Champion”
- Training for everyone on:
 - Neuroscience of addiction
 - MAT meds
 - The case for treating OUD in justice settings
 - Systems for paying for OUD treatment

Stakeholder-specific training on:

- Profession’s position on MAT and SUD treatment
- Case studies and discussion questions
- Role of your profession in supporting your clients in on-going recovery and access to MAT

■ COUNTY TOUCHPOINTS PROJECT COMPONENTS

- Didactic material and discussion
- Breakout session with your peers from all counties, to discuss cases and questions and compare how different counties are managing the issues
- Breakout session with your county colleagues, to discuss how the various agencies in the county are operating, find gaps/inconsistencies where clients can fall through the cracks and relapse
- State divided into four regions; each region has staged training:
 - First, the leaders from stakeholder agencies (plus Sheriff and County Administration)
 - Next, supervisors/managers from stakeholder agencies
 - Finally, county-based “train the trainer” session to build local capacity and culture (this is under development)

Upcoming Sessions on November 5th in Sacramento and February 6th in Fresno
Train The Trainer Session I on December 11th in Ontario

Questions?

