

MAT in Jails and Drug Courts Learning Collaborative: Lessons Learned and Opportunities for Collaborative Courts



Bren Manaugh, LCSW-S, CCTS
Principal, Health Management Associates
Project Director, MAT in Jails and Drug Courts

California Association of Collaborative Courts
Conference
Feb. 27, 2023
Monterey, California

*MAT in Jails and Drug Courts is funded by DHCS with general state funds as a program in
DHCS' Medication Assisted Treatment Expansion Project*

AGENDA



Agenda Item

Welcome and Introduction

MAT in Jails & Drug Courts Learning Collaborative: The Model

Learning Collaborative Background & Progress to Date

Current Learning Collaborative

Legal Landscape

Framework for Drug Courts

Learning Collaborative Teams

WELCOME & INTRODUCTION

HEALTH MANAGEMENT ASSOCIATES

I INTRODUCTION – HEALTH MANAGEMENT ASSOCIATES (HMA)

- HMA specializes in publicly funded health care and the partners and populations that rely on it
- National with nearly 600 consulting colleagues and growing

OUR COLLEAGUES ARE FORMER:

- » Healthcare leaders and practitioners at county and jail agencies
- » Hospital, health system and state-based leaders
- » Physicians and other clinicians who have run health centers and integrated systems of care—many still practice medicine
- » Policy advisors to governors and other elected officials
- » State Medicaid directors, mental health commissioners and budget officers
- » Senior officials from the Centers for Medicare & Medicaid Services (CMS) and the Office of Management & Budget (OMB)



4 HMA California Offices in:

- Costa Mesa
- Los Angeles
- San Francisco
- Sacramento

**HMA Institute on
Addiction:**

<https://hmaioa.com/>

INTRODUCTION – HMA CORE TEAM

Project Leadership



Bren Manuagh, LCSW-S
Project Director

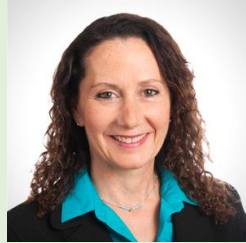


Amanda Ternan, PMP
Project Manager



Kelly Wright, MA
Project Manager

HMA Coaches and Subject Matter Experts (SME)



Carol Clancy, PsyD
Jail MAT & Juvenile Justice Coach



Akiba Daniels, MPH
Health Equity SME, PM Support



Margaret Kirkegaard, MD, MPH
Jail MAT Coach



Marc Richman, PhD
Jail MAT Coach



Charles Robbins, MBA
Child Welfare Coach



Shannon Robinson, MD
Addiction and Prescriber SME



Rich VandenHeuvel, MSW
Jail MAT Coach



Keegan Warren, JD, LLM
Legal SME



Julie White, MSW
Jail MAT Coach



Judge Leonard Edwards (Ret.)
Judicial and Child Welfare SME



Howard Himes, MSW
Child Welfare Coach



Liz Stanley-Salazar, RN, MPH
Child Welfare & Juvenile Justice Coach



Mark Varela
Juvenile Justice SME


I OVERVIEW

The project *MAT in Jails and Drug Courts* is funded by CA DHCS through the CA FY 2022/23 budget, which included an allocation of State General Funds for the ongoing support to the Medication Assisted Treatment (MAT) Expansion Project

The goal of the project is to increase access to MAT in **county jails, drug courts, and the child welfare/juvenile justice systems**

MAT In Jails and Drug Courts includes grant funds and participation stipends distributed to participating county teams who also receive technical assistance (TA) and coaching

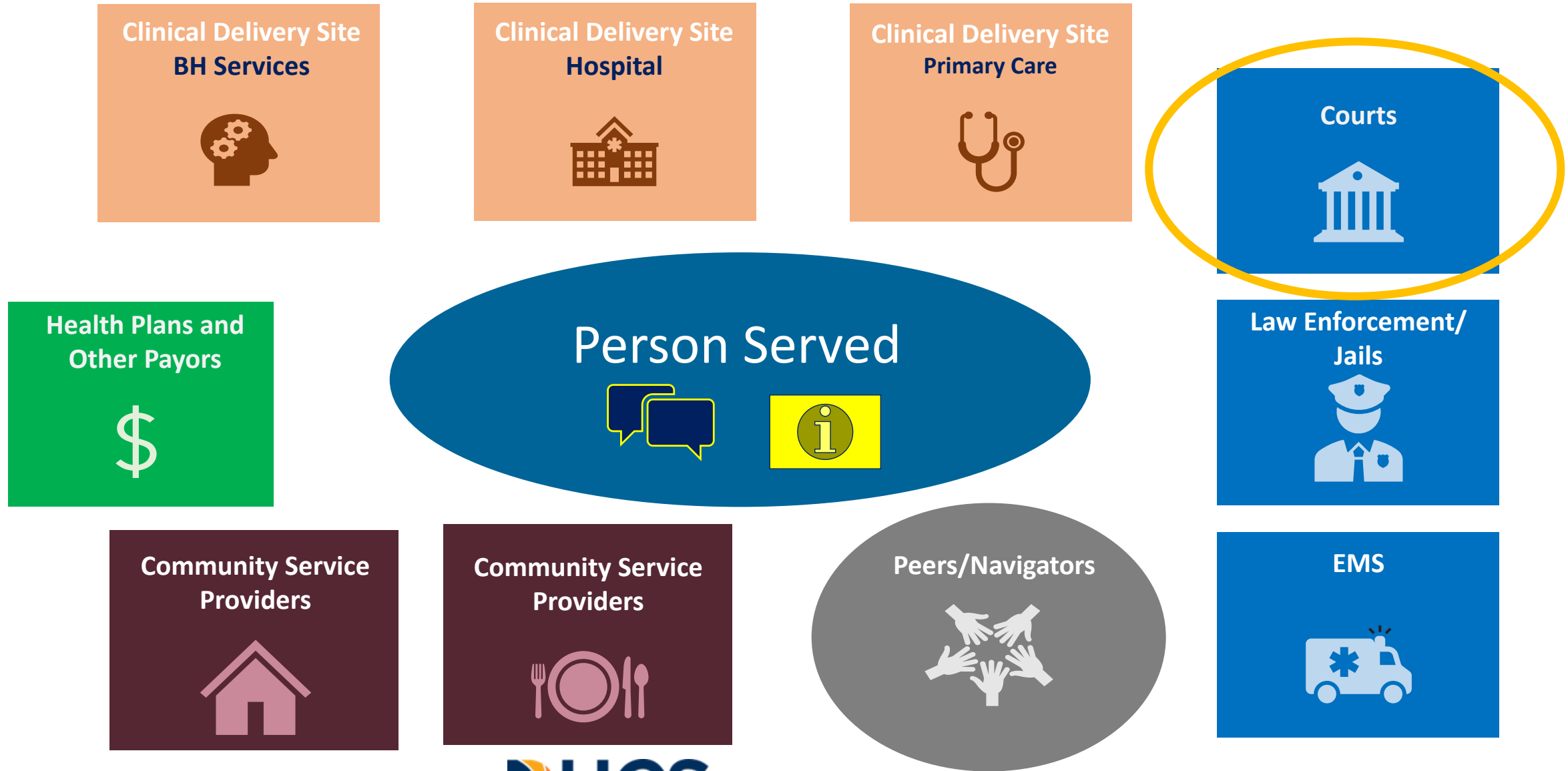
The project programming term is **10/1/2022 through 9/30/2024** with the possibility of extending TA and coaching through the contract term ending on **6/30/2025**



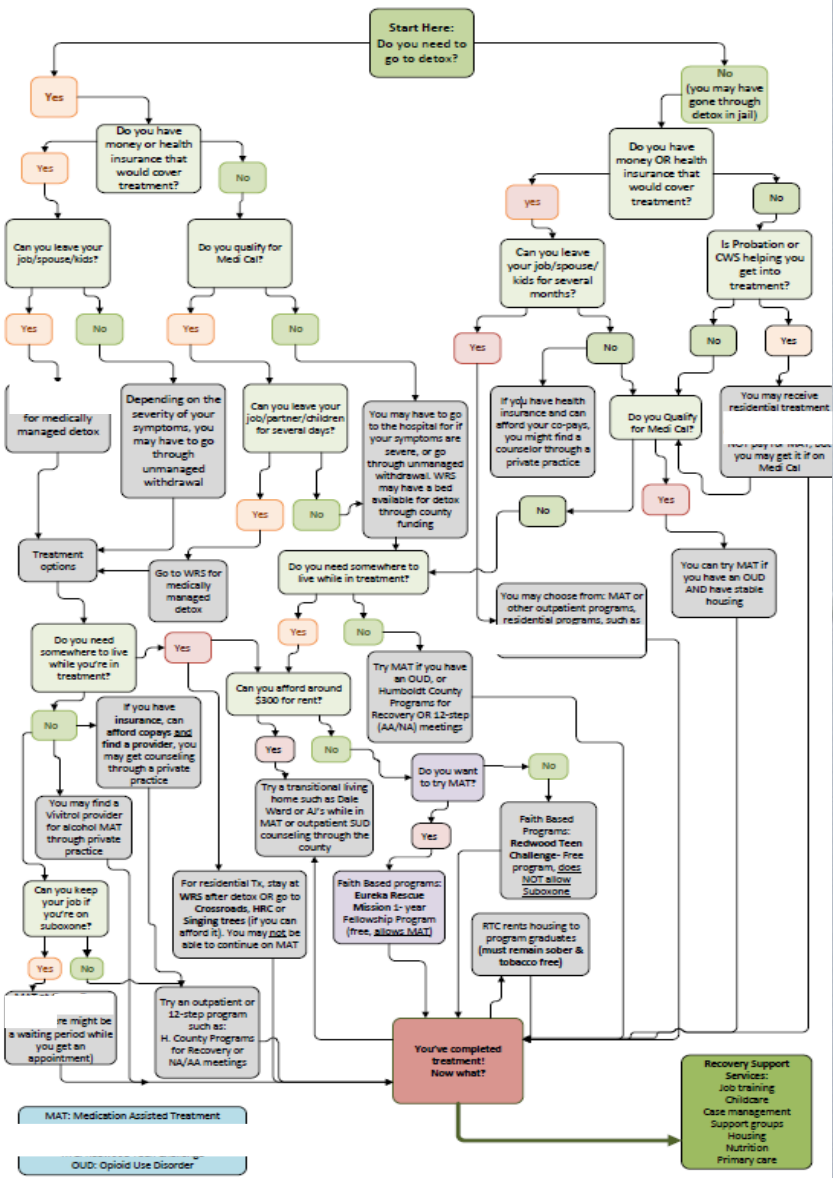
Our North Star Access To MAT for Californians with Justice System Involvement

MAT IN JAILS & DRUG COURTS LEARNING COLLABORATIVE: THE MODEL

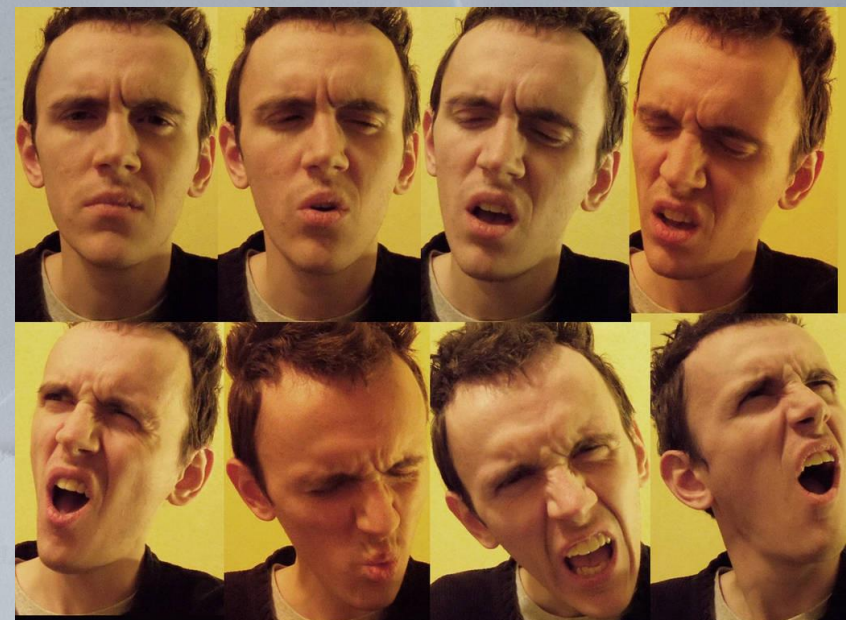
MODEL COUNTY SYSTEM: NO WRONG DOOR AND PERSON-CENTERED



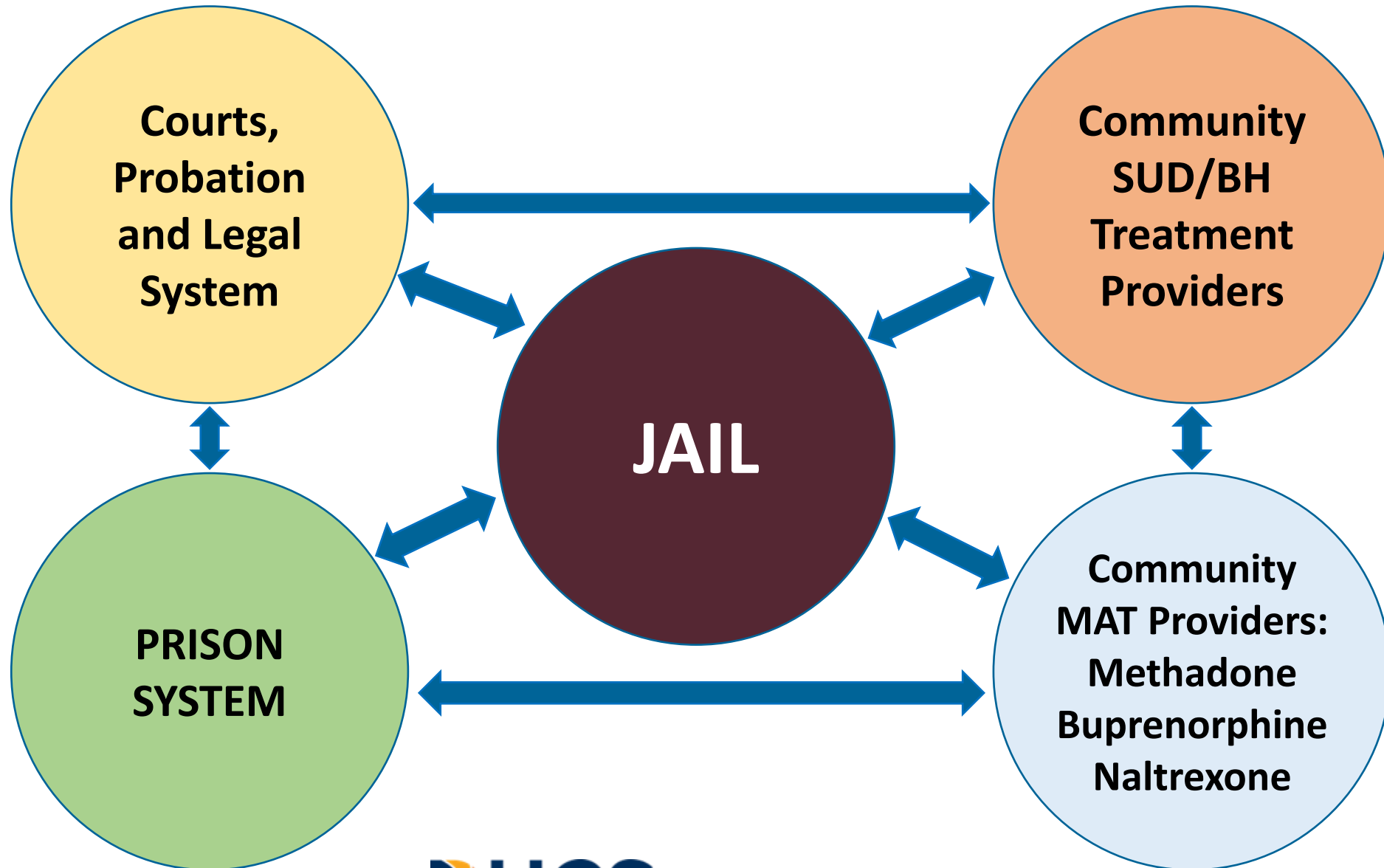
SUD Treatment System Flow



TYPICAL COUNTY CURRENT STATE



JAIL AS PART OF THE SAFETY NET HEALTHCARE ECOSYSTEM



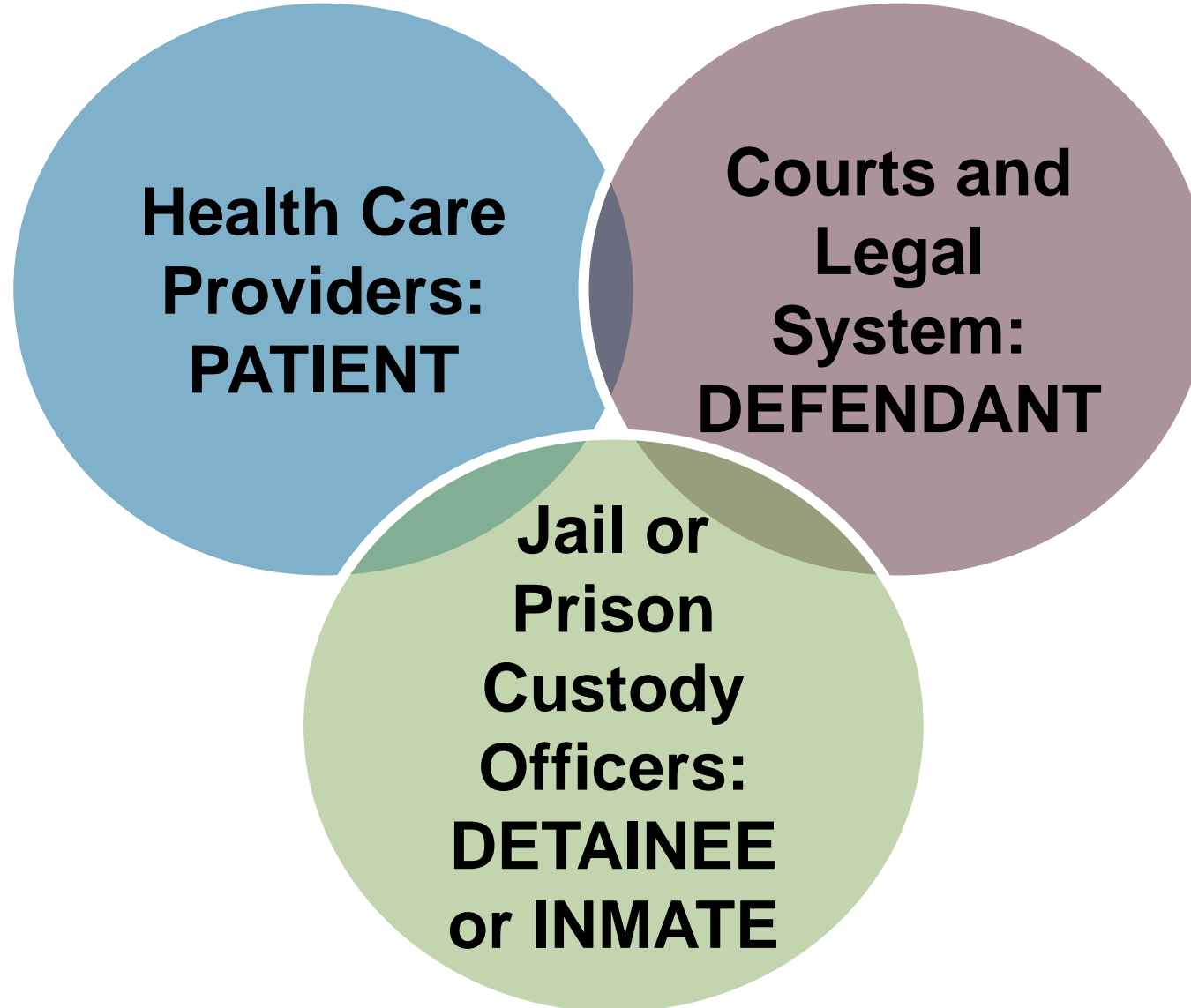
ASPIRATIONAL GUIDING PRINCIPLES FOR COUNTY TEAMS

- The jail is a health care site in the community's health care safety net
- A county resident receives the same care for acute and chronic conditions wherever they seek care in the county, including the jail, and transitions are managed and supported
- The county has a single standard of care such that persons with OUD have access to all FDA-approved forms of MAT available to them, via an individualized treatment plan, as well as effective treatment for stimulant use disorder



WHY WE USE A TEAM MODEL:

DIFFERENT PERSPECTIVES ON PERSON WITH SUBSTANCE USE DISORDER



HMA MODEL FOR IMPLEMENTATION OF MAT IN JAILS AND COUNTY JUSTICE SYSTEM

IMPLEMENTATION OF MAT IN JAILS, PRISONS AND JUSTICE ECOSYSTEMS

In our model MAT is defined as

- Implementation of **at least two forms of the FDA-approved medications:**
 - naltrexone; buprenorphine; methadone --- continuation and/or initiation
- + other evidence-based interventions for Opioid Use Disorder and Stimulant Use Disorders
- Access to naloxone for overdose prevention

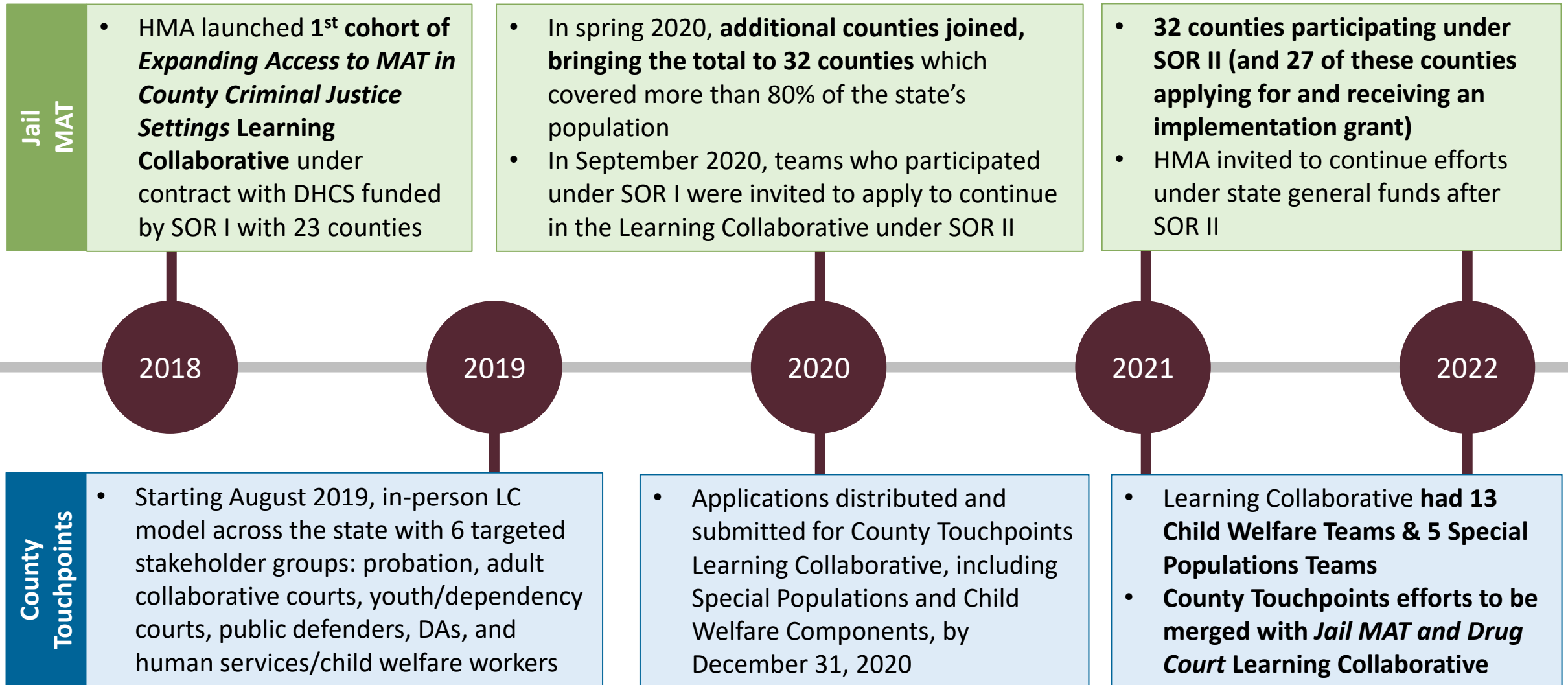
Alignment with community standards of care

Access to behavioral health and recovery support services; re-entry planning

LEARNING COLLABORATIVE BACKGROUND & PROGRESS TO DATE

HEALTH MANAGEMENT ASSOCIATES

HMA'S STATE OPIOID RESPONSE (SOR) BACKGROUND



I LEARNING COLLABORATIVE PROCESS

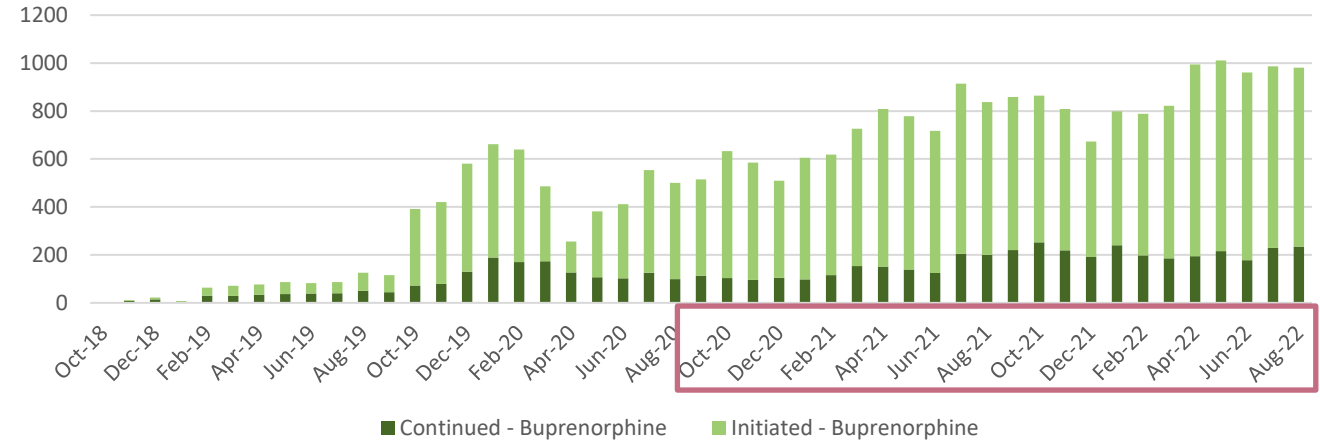
Teams from counties apply to be part of Learning Collaborative

- Team includes jail health care, jail custody, probation, drug courts, county SUD/BH program, county administrator, key community provider(s), and other key partners
- Team Commitment: We meet the team where they are and help them move toward use of at least two forms of MAT in jails and drug courts; participate in learning sessions and monthly coaching calls
- Team Benefits:
 - \$50,000 minimum to offset project time commitment
 - Access to state and national experts for learning and barrier busting
 - Resources, webinars, in-person events with other counties to share and learn

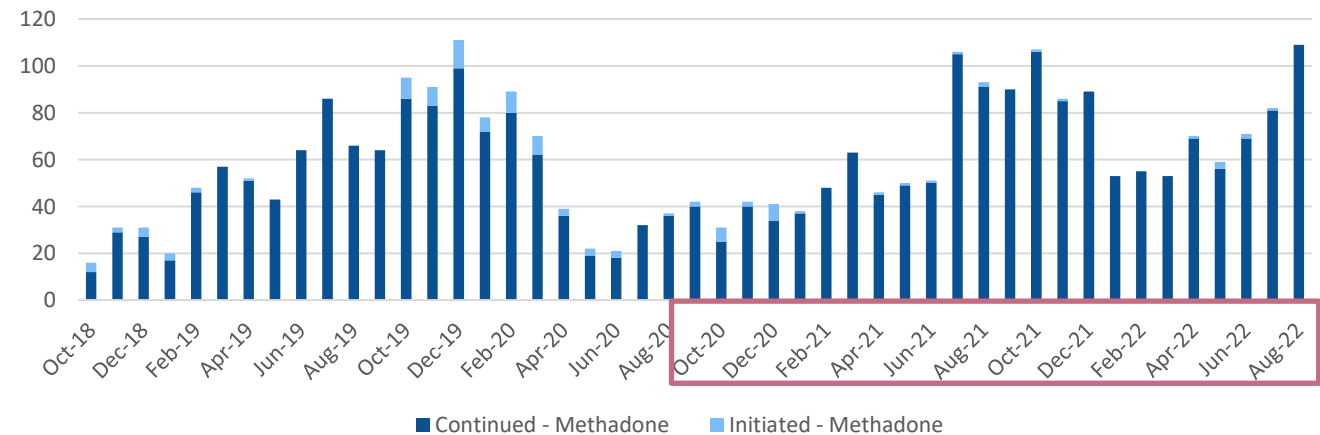
PREVIOUS LEARNING COLLABORATIVE: JAIL MAT (2 OF 2)

- Teams demonstrated significant progress in increasing access to MAT during incarceration
- **31,702** individuals have received MAT while incarcerated in county jails participating in this Learning Collaborative across the 36 counties who have submitted data during SOR I and SOR II, including **19,000** initiated onto buprenorphine in the jail
- The percentage of individuals withdrawn from MAT continued to decrease across the project

Individuals Continued and Initiated on Buprenorphine
SOR I & SOR II



Individuals Continued and Initiated on Methadone
SOR I & SOR II



PREVIOUS LEARNING COLLABORATIVE: COUNTY TOUCHPOINTS (1 OF 2)

Outgrowth of Jail MAT LC:

Recognized need to educate and engage other justice/system stakeholders to support jail MAT implementation

Addressed MAT = “not clean”

Probation, Courts/Judges, District Attorneys, Public Defenders, Child Welfare

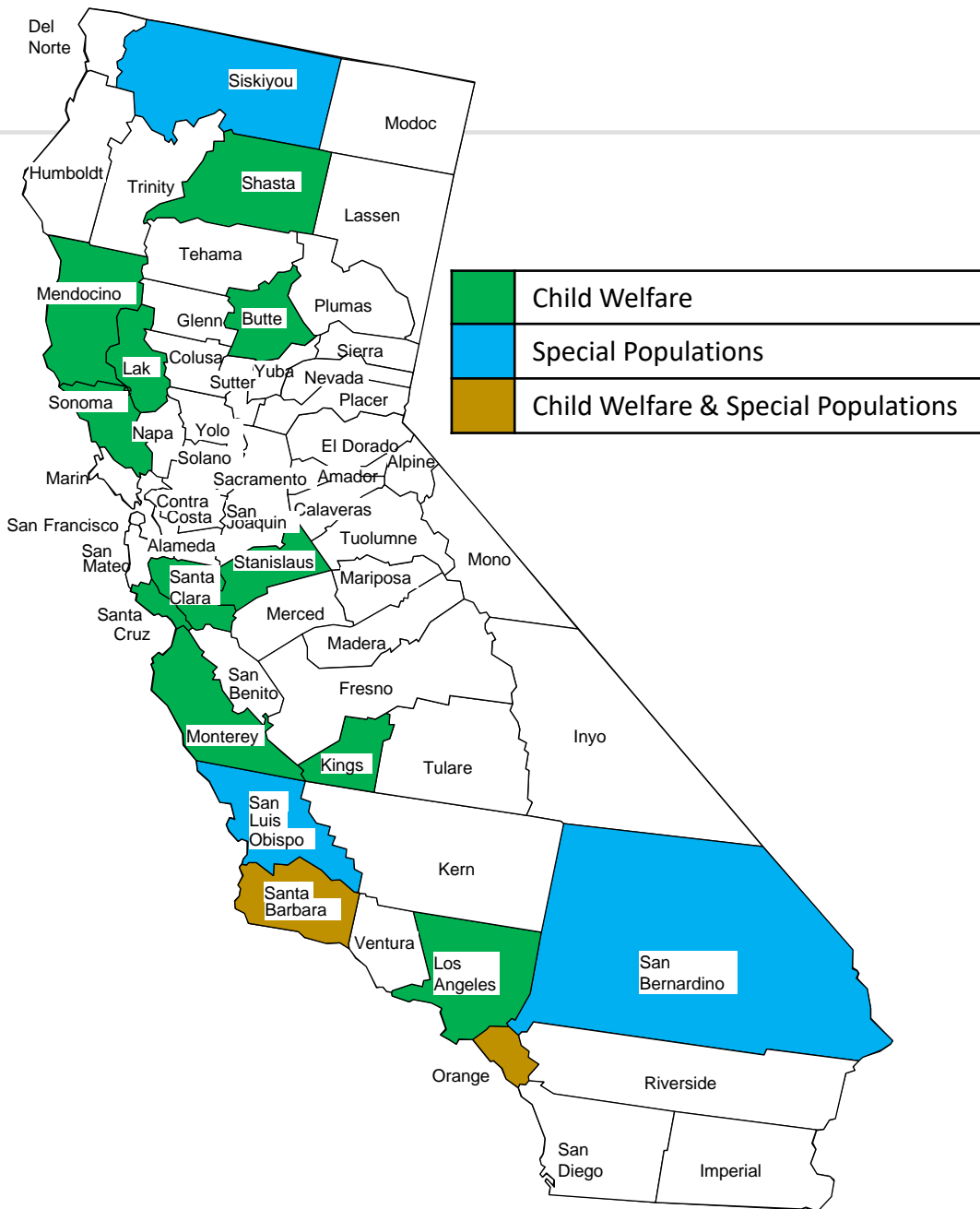
More than 1,500 trained under SOR I

Under SOR II: Learning Collaborative

14 county teams participated in Learning Collaborative at intersection of SUD, justice, and child welfare systems

County collaborations, resource alignment, system mapping and gap analysis, individualized county coaching and goal setting

PREVIOUS LEARNING COLLABORATIVE: COUNTY TOUCHPOINTS (2 OF 2)



- County teams could join under Child Welfare or Special Populations
- Education and training about opioid addiction and treatment in county criminal justice and child welfare systems developed for stakeholders in **probation, adult collaborative courts, public defenders, district attorneys, child welfare, and youth and dependency courts**
- Workgroups aimed at enhancing processes, sharing best practices, and leveraging multi-county input to inform state and county decisions
 - **Plans of Safe Care (POSC):** 5 counties completed their POSC; 2 completed their POSC and are pending policy implementation; and 4 counties have POSC in process
 - **Data Workgroup:** participated in the CDSS Change Request 8643 and will have successfully created a new CWS/CMS substance use mandatory field to be added in February 2023

■ PROGRESS WITH PARTICIPATING COUNTIES – A CURRENT SNAPSHOT

Since October 2018

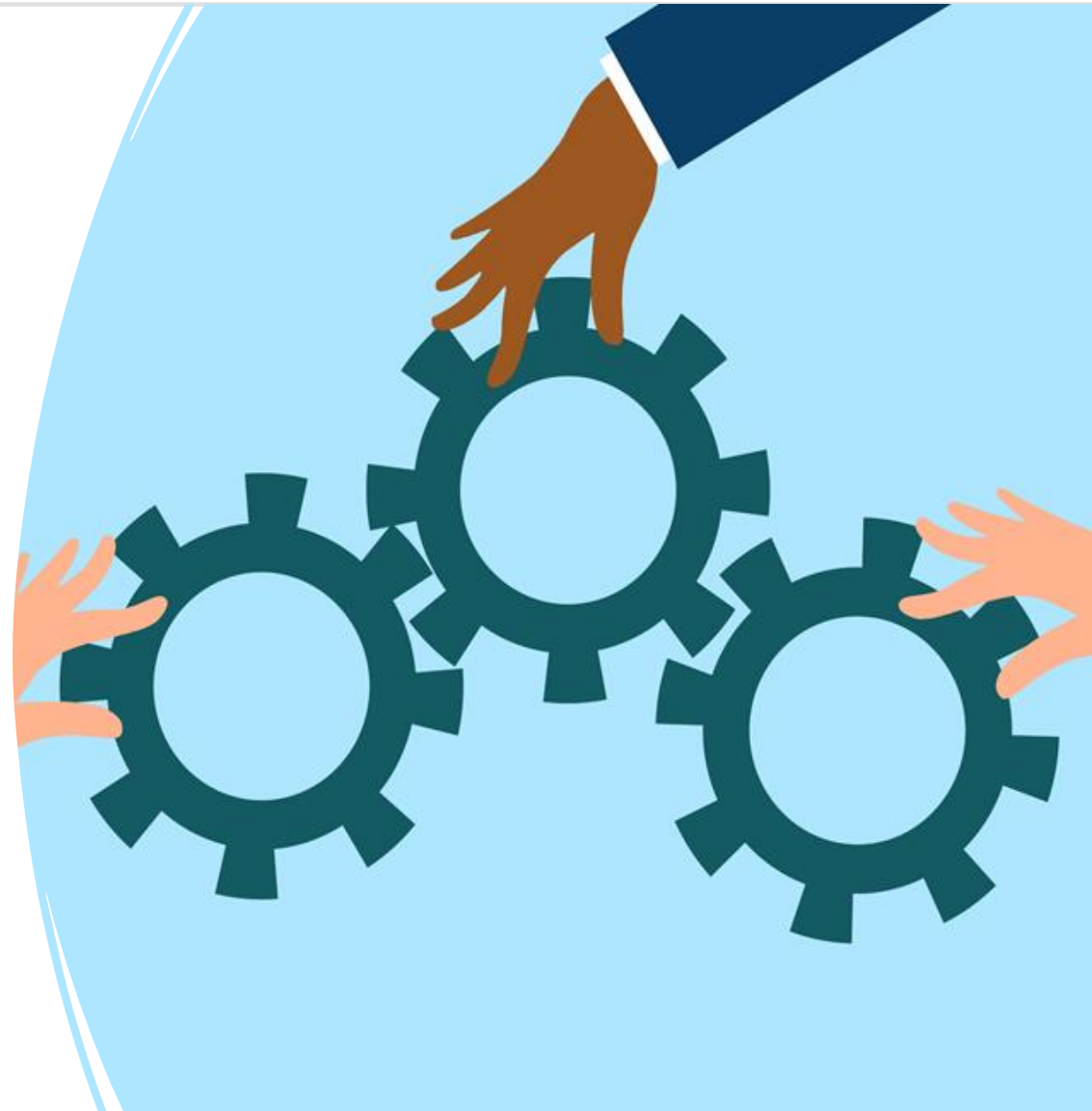
- Jails progressing beyond offering no medications for MAT or using only an antagonist (naltrexone) and toward offering all 3 FDA-approved medications
- Increase in number of detainees receiving MAT in custody, including in-custody initiation of buprenorphine
- Jails adding access to methadone where clinically indicated beyond pregnant women only
- Increase in number of jail providers for MAT



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

■ PROGRESS WITH PARTICIPATING COUNTIES – A CURRENT SNAPSHOT

- Jails developing strong and sustainable relationships with county treatment providers for SUD assessment and treatment, in-custody behavioral therapies, and “hot hand-offs” at release
- Partnerships include rural and urban/suburban counties – no jail too big or too small
- Jails developing processes for initial universal screening for and identification of SUD
- Jails implementing training for and distribution of naloxone (e.g., Narcan)



CURRENT LEARNING COLLABORATIVE

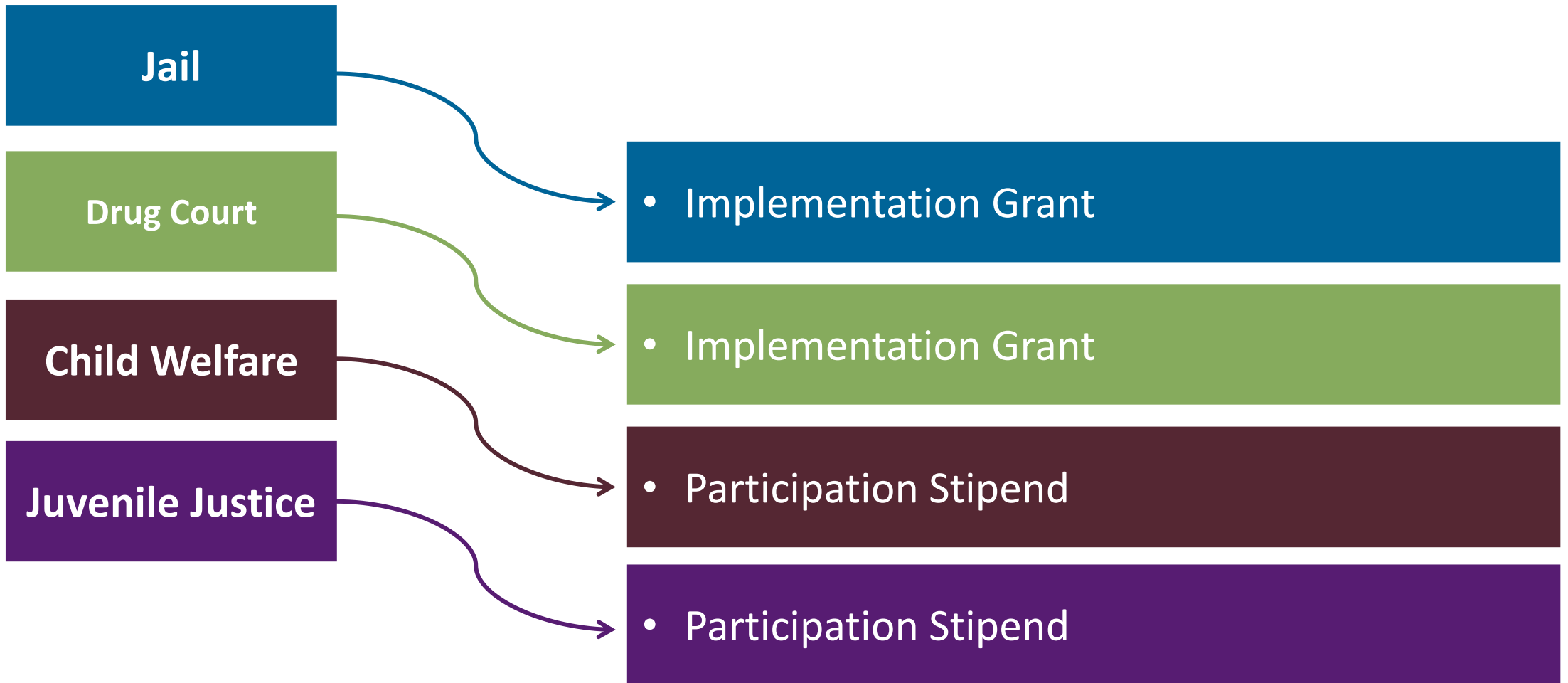
HEALTH MANAGEMENT ASSOCIATES

OBJECTIVES AND COMPONENTS OF LEARNING COLLABORATIVE

The objective of the Learning Collaborative is to improve coordination among all county agencies and providers who serve justice-involved county residents and to develop bridges to further build system capacity to ensure access to effective treatment and recovery supports.

- Learning Collaborative Counties receive:
 - Individualized coaching with HMA coach, with additional SMEs brought in as needed
 - Access to webinars, quarterly learning collaboratives, and trainings based on needs of counties
 - Optional participation in *ad hoc* workgroups and discussion groups with peers throughout the state to tackle systemwide issues
 - Grants and stipends to enhance county efforts and pilot innovative solutions that demonstrate outcomes to lead to sustainable funding

■ PARTICIPATION OPTIONS



Teams can opt to apply for technical assistance only (without implementation grant or participation stipend) for any of the options above

- Multidisciplinary team to support implementation of MAT in county jails with designated Jail MAT team lead(s); assigned 1 county team Jail MAT lead coach
- Encourage inclusion of drug court representative(s) where not already integrated
- Engage child welfare, probation and other key agencies and partners in the county to drive progress toward a coordinated county plan for county residents with Opioid Use Disorder (OUD) and justice system involvement.
- These activities may be supplemented by a second HMA subject matter expert and coach who will work in coordination with the Jail MAT lead coach.

Please note each county eligible for jail **OR** drug court implementation grant

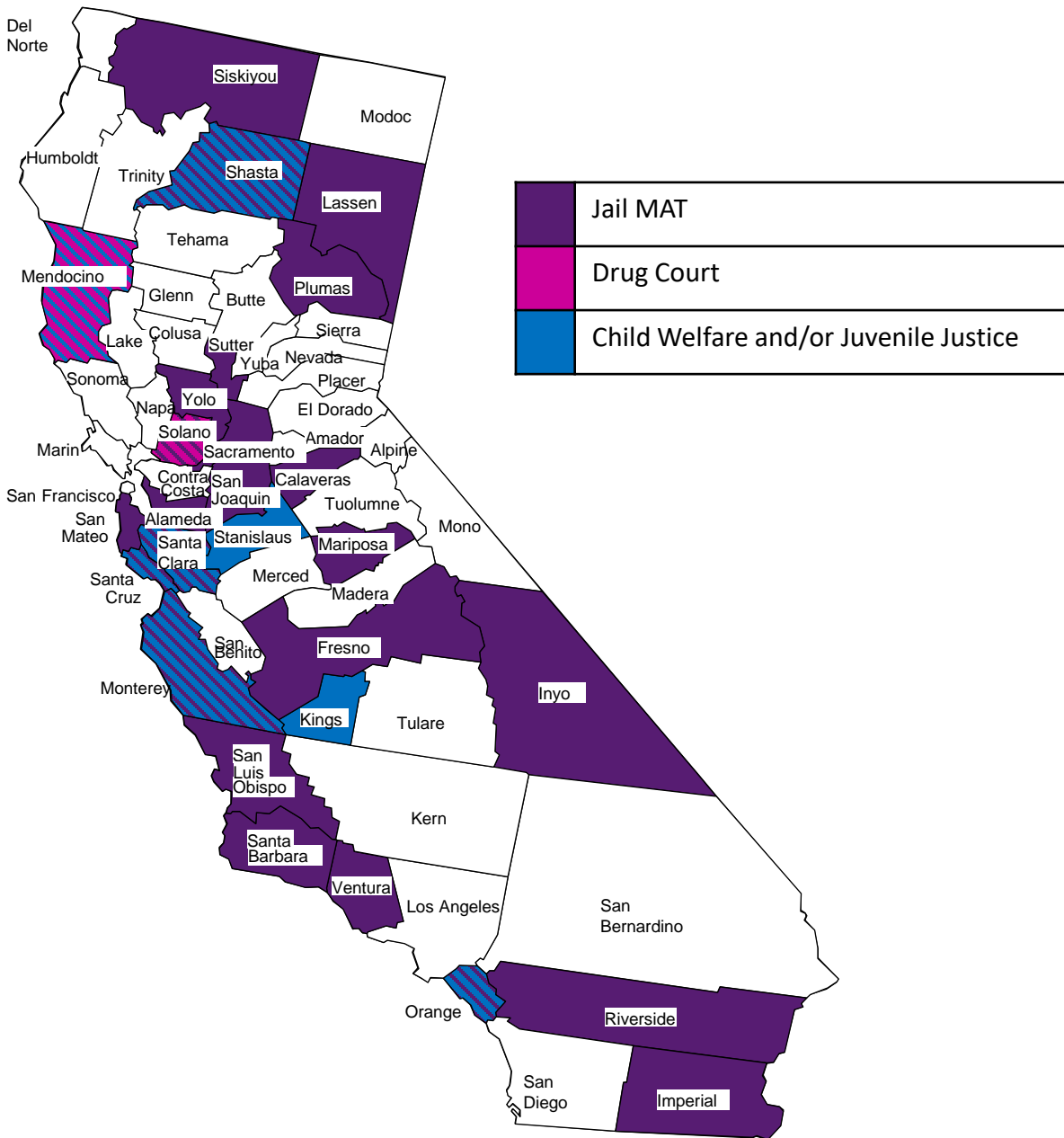
- Multidisciplinary team to support implementation of and access to MAT in county drug courts with designated drug court team lead(s); assigned 1 county team lead coach
- Support access to MAT for drug court participants through drug court or contracted staff, as applicable, where clinically indicated
- Encourage inclusion of Jail MAT representative(s) where not already integrated
- Engage child welfare, probation and other key agencies and partners in the county, to drive progress toward a coordinated county plan for county residents with OUD and justice system involvement. These activities may be supplemented by a second HMA subject matter expert and coach who will work in coordination with the Jail MAT lead coach

Please note that county eligible for jail **OR** drug court implementation grant

CONTINUED RECRUITMENT IN 2023

Initial application window closed **January 31st** with teams receiving grant/stipend announcements in early February. Continued recruitment this Spring includes:





MAT IN JAILS AND DRUG COURTS – TEAMS AS OF FEBRUARY 2023

Jail MAT: 24

Drug Court: 2

Child Welfare and Juvenile Justice: 9

LEGAL LANDSCAPE

HEALTH MANAGEMENT ASSOCIATES

CURRENT STATE OF MAT NATIONALLY: WHAT THE LEARNING COLLABORATIVE DIRECTLY ADDRESSES

Nationally, most jails and prisons:

- Withdrawal management with only symptom response ("comfort meds") is common
- Erratic and non-evidence-based practice is common and especially risky for pregnant women
- Forced withdrawal from MAT when incarcerated is common

In jails/prisons, custody trends toward:

- Transition to accepting OUD as identical to other chronic diseases
- Growing recognition that appropriate treatment reduces custody challenges

Growing body of case law finding counties liable for not providing access to MAT in jails

A HIGH-LEVEL SUMMARY OF THE ROLE OF COURTS IN INCREASING ACCESS TO MOUD* IN CARCERAL SETTINGS

deliberate indifference

deliberate indifference + disability discrimination

1976: *Estelle v. Gamble*

- Plaintiff: Incarcerated person
- Argument: Withholding medical care violates 8A.

2019: *Kortlever v. Whatcom Cnty.*

- Plaintiff: Class of incarcerated persons
- Argument: Policy limiting MOUD violates 8A & ADA.

December 2022: *Disability Rights New Mex. v. Lucero* (pending)

- Plaintiff: P&A (and its constituents with OUD)
- Argument: Policy limiting violates 8A, 14A, ADA, §504, & §1557.

2018: *Smith v. Fitzpatrick*

- Plaintiff: Person awaiting incarceration
- Argument: Policy limiting MOUD violates 8A & ADA.

2022: *M.C. V. Jefferson Cnty.*

- Plaintiff: Class of pretrial detainees and class of incarcerated persons, both now and in the future
- Argument: Policy limiting MOUD violates 8A, 14A, & ADA.

* Medications for Opioid Use Disorder

FEDERAL POLICY

Managing Substance Withdrawal in Jails: A Legal Brief

Office of Justice Programs Bureau of Justice Assistance
(Feb. 2022)

Purpose: an overview of constitutional rights and key legislation related to substance use withdrawal; outlines steps for creating a comprehensive response to SUD

Laws Creating Liability: federal civil rights claims under the **Constitution** (8A, 14A, 5A) and **statutes** pursuant (§ 1983, CRIPA, ADA); **state tort law** (wrongful death, medical malpractice, IIED)

The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery

Department of Justice Civil Rights Division
(April 2022)

Purpose: information about how the ADA can protect individuals with OUD and other SUD from discrimination

Example Violation: “A jail does not allow incoming inmates to continue taking MOUD prescribed before their detention. **The jail’s blanket policy prohibiting the use of MOUD would violate the ADA.**”

Enforcement: investigations, warning letters, and lawsuits against jails and prisons

2022 National Drug Control Strategy

Office of National Drug Control Policy
(April 2022)

Carceral Settings Objective 2: increase access to MOUD for BOP, state prisons, and local jails

Carceral Settings Principle 1: normalize low-threshold access to **all three MOUD** throughout the criminal legal system, including **maintenance** and **rapid initiation**, and at **medically appropriate dosing**

Target Agencies: DOJ/OJP, BOP, NIC HHS/ASPE, NIH

AVOIDING LIABILITY FOR ONE-SIZE-FITS-ALL POLICIES LIMITING ACCESS TO MOUD

Take reasonable measures to address the risk of the serious harm presented by withdrawal

- Conduct an individualized assessment—including for safety or diversion concerns
- Adhere to the standard of care for that person (the right MOUD at the right dosage), particularly where proper care has been previously established by the detainee’s provider in the community

+

○

**WHY TREAT
ADDICTION IN
JUSTICE
SETTINGS?**

**EVERYBODY
WINS**

●

- Person with OUD can attain recovery and gets their 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*.

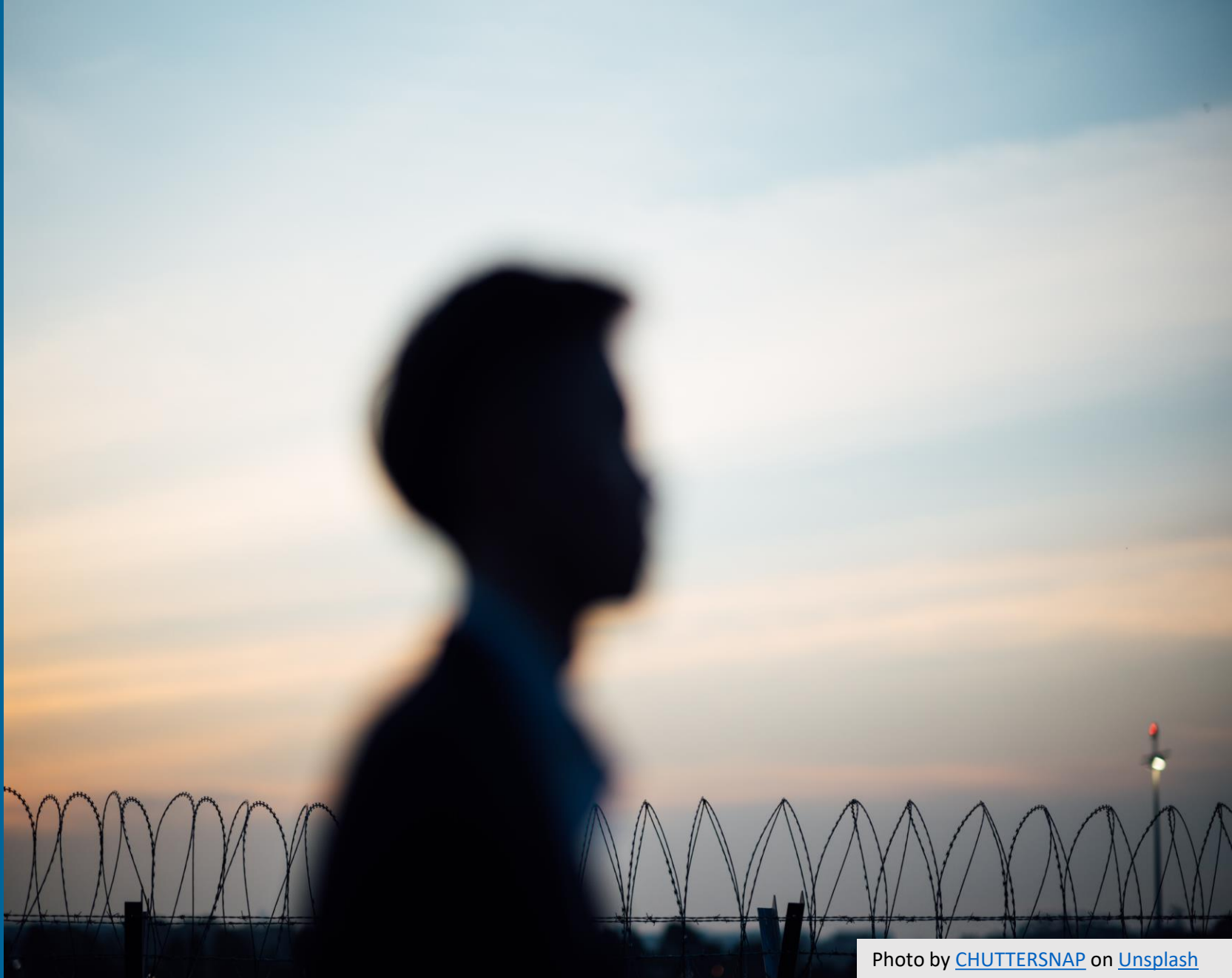
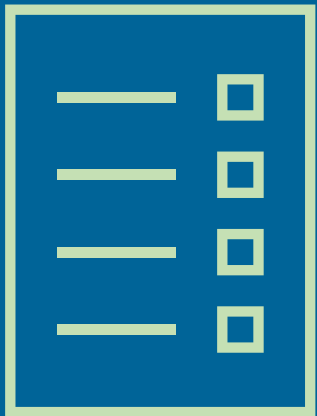


Photo by [CHUTERSNAP](#) on [Unsplash](#)

LEARNING COLLABORATIVE FOR DRUG COURTS FRAMEWORK



National Association of Drug Court Professionals (NADCP) Practice Standards	Guidelines
MAT: Standard of care, evidence-based care	Technical knowledge related to MAT implementation and service delivery
Standards of Care: BH/Recovery	Effective behavioral health treatments and recovery modalities
Standards of Law	Applicable court rulings, standards, and procedures related to SUD and individuals with SUD who are engaged in the justice system
System of Care	System of care for SUD medical treatment, behavioral health counseling and recovery. Identify and respond to critical gaps.
Professionalism	Leadership role for the local system of justice and health care for applying evidence-based standards of care and a chronic disease paradigm for SUD
Optional Learning Communities: Trauma-Informed and CQI	Elect to participate

Individualized expert technical assistance to each county Drug Court Team

FRAMEWORK FOR DRUG COURTS LEARNING COLLABORATIVE TEAMS

HEALTH MANAGEMENT ASSOCIATES

I DRUG COURTS: STANDARDS

- Best Practice Standards¹
- 2013, National Association of Drug Court Professionals (NADCP) released Volume I of the Adult Drug Court Best Practice Standards
- Four years reviewing scientific research on best practices in substance use disorder treatment and correctional rehabilitation distilled into measurable and enforceable practice recommendations for Drug Court professionals
- In the ensuing two years, twenty out of twenty-five states (80%) responding to a national survey indicated they had adopted the Standards for purposes of credentialing, funding, or training new and existing Drug Courts in their jurisdictions
- Volume I released and NADCP continued ongoing process of evaluation and work to inform Volume II (released 2015; Text Revision 2018)

1. BEST PRACTICE STANDARDS – DRUG COURTS ADULT DRUG COURT BEST PRACTICE STANDARDS - VOLUME II, TEXT REVISION - NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS ALEXANDRIA, VIRGINIA
https://www.google.com/search?q=collaborative+courts+substance+use+treatment+best+practice&rlz=1C1GCEA_enUS1019US1019&og=collaborative+courts+substance+use+treatment+best+practice&ags=chrome..69i57j33i160.13971j0j7&sourceid=chrome&ie=UTF-8

I DRUG COURTS

- The standards contained in Volumes I and II are based on “reliable and convincing evidence” that a practice “significantly improves outcomes”



Other practices will be in future volumes studies are completed. These may include best practices for:

- Community-supervision officers in Drug Courts
- Restorative justice interventions such as community service or victim restitution; payment of fines, fees, and costs
- Peer and vocational mentoring
- Recovery-oriented systems of care

DRUG COURTS

To date, best practice standards have only been developed for Adult Drug Courts

Other types of problem-solving courts such as Juvenile Drug Courts, DWI Courts, Family Drug Courts, or Veterans Treatment Courts do not yet have the research base

When research identifies and supports best practices for other problem-solving court programs, NADCP will develop and release best practice standards for those programs as well

I DRUG COURTS

- “Putting science into practice is the greatest challenge facing the substance use disorder treatment and criminal justice fields” (Damschroder et al., 2009; Rudes et al., 2013; Taxman & Belenko, 2013)
- Per the NADCP Drug Courts are doing “considerably better than most programs at following best practice standards” but acknowledge more work is needed
- Leading causes of programs producing ineffective or harmful results are:
 - Ignoring best practices
 - Failing to attend training conferences (Carey et al., 2012; Shaffer, 2006; van Wormer, 2010)

Best Practice Standards¹ - Volume II describes best practices for Drug Courts on:

- Complementary Treatment and Social Services
- Drug and Alcohol Testing
- Multidisciplinary Team
- Census and Caseloads
- Monitoring and Evaluation

1. BEST PRACTICE STANDARDS – DRUG COURTS ADULT DRUG COURT BEST PRACTICE STANDARDS - VOLUME II, TEXT REVISION - NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS ALEXANDRIA, VIRGINIA
https://www.google.com/search?q=collaborative+courts+substance+use+treatment+best+practice&rlz=1C1GCEA_enUS1019US1019&oq=collaborative+courts+substance+use+treatment+best+practice&aqs=chrome..69i57j33i160.13971j0j7&sourceid=chrome&ie=UTF-8

Questions



CONTACT US

FOR ANY QUESTIONS OR COMMENTS
MATinCountyCJ@healthmanagement.com



Bren Manaugh, LCSW-S, CCTS

Principal

bmanaugh@healthmanagement.com

(210) 677-2696