



## The Case for Treating Opioid Addiction in Criminal Justice Settings

County Touchpoints in Access to MAT for Justice Involved Populations



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## Presentation Agenda

- Opioid Crisis
- Overview of CJ projects in California
  - County Touchpoints Work
- Treatment in Corrections Facilities
  - ❖ History and Game Changers
  - ❖ What is California doing?
  - ❖ Why treat in CJ settings?
- Video on Success
- Medical Perspective
- Social Services Role
- Questions



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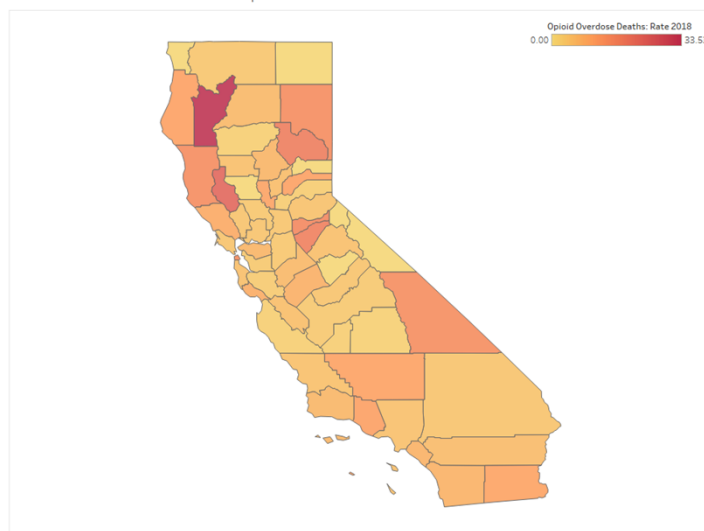
## Is it an epidemic?

- 130 persons die every day in the United States from opioid overdose.
- Since 2000, more than 300,000 Americans have died as a result of opioid overdose.
- In 2017, more than 70,000 Americans died from drug overdoses, more than car accidents, or gun violence.



### CALIFORNIA OPIOID OVERDOSE DEATHS: RATE 2018

Opioid Overdose Deaths: Rate 2018



#### ■ SCALE OF THE PROBLEM TODAY IN CUSTODY

**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*



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#### ■ 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



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### ■ SOR: CURENT LOCAL AND STATEWIDE CRIMINAL JUSTICE PROJECTS

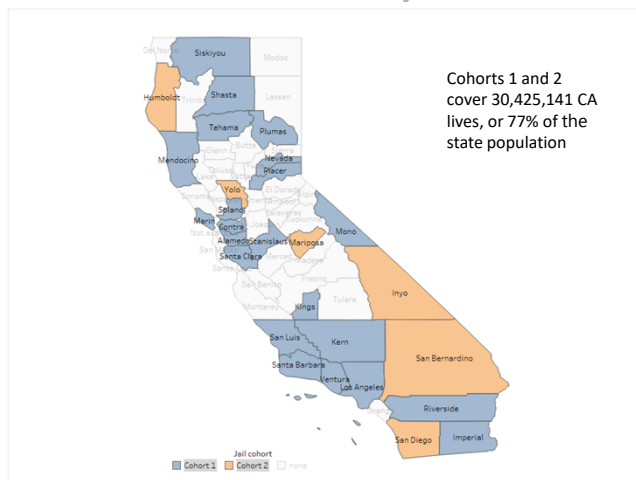
- At least 33 counties working to be able to continue MAT in jail settings, many already started
- Many also developing capacity to START treatment in the jails
- 25+ counites working to expand access to MAT through drug courts
- **Current challenge for many courts and probation:**
  - Incomplete understanding 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



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### ■ CALIFORNIA JAIL-BASED MAT PROGRAM

California Jail-Based MAT Program



MAT in County Criminal Justice Settings 04/23/19

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## 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.**



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## COUNTY TOUCHPOINTS PROJECT COMPONENTS

Six targeted stakeholder groups

Adult Courts	Youth/dependency courts
Probation	District Attorneys
Public Defenders	Child Welfare Workers

- 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
- Train the Trainer Sessions: Bring it back to your workplace



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## ■ SUD TREATMENT AND MAT IN CRIMINAL JUSTICE

### *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**



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## ■ "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.*



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## EMERGING NORMS FOR TREATMENT OF OPIOID ADDICTIONS

### *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



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## PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

### *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***



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## CALIFORNIA CURRENT STATE: COUNTY DRUG TREATMENT

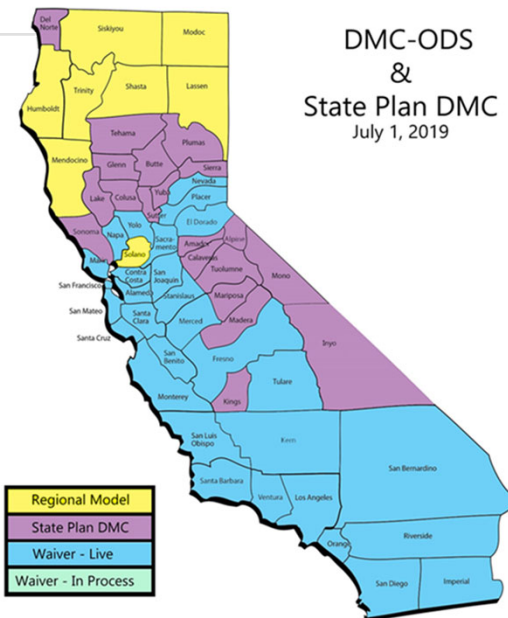
Statewide strategy under **Medi-Cal Waiver**: All counties must upgrade AOD systems to bring in clinical expertise and offer all forms of MAT in all treatment settings

- 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



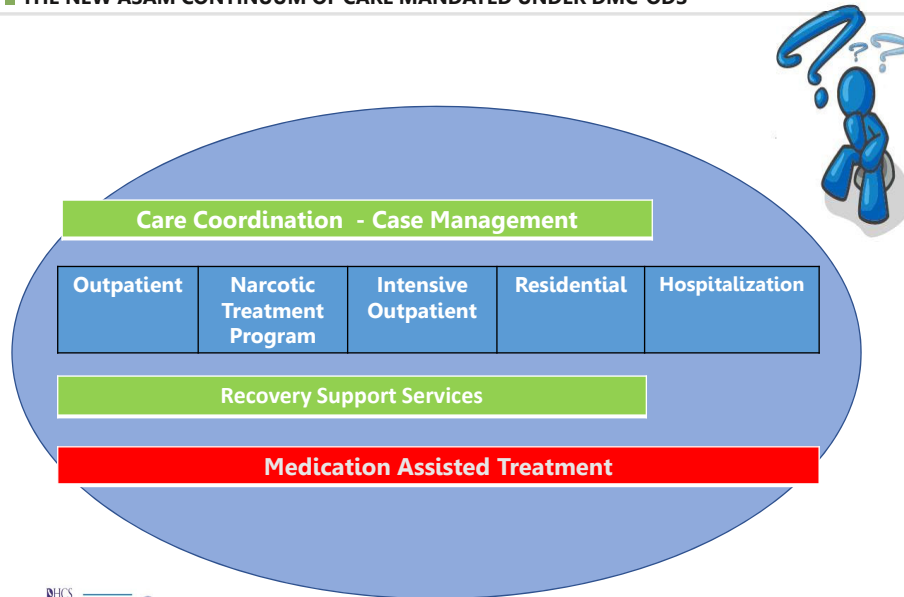
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## STATE PLAN



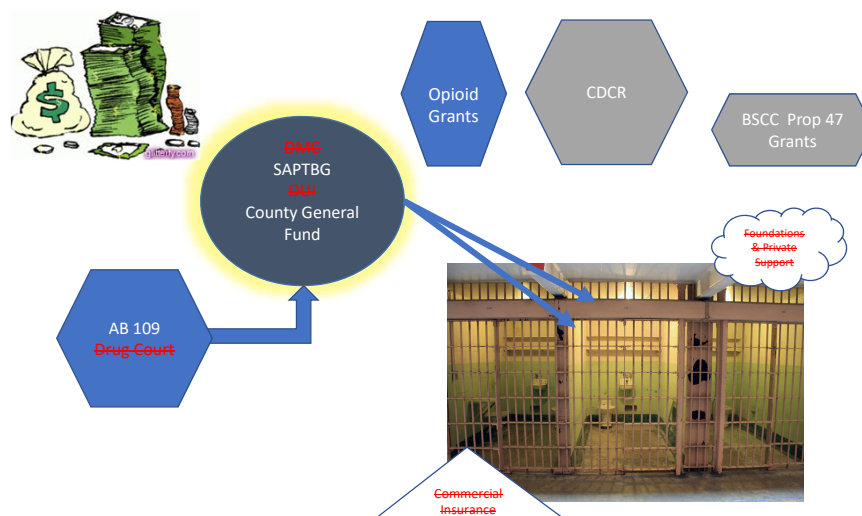


## THE NEW ASAM CONTINUUM OF CARE MANDATED UNDER DMC-ODS



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## FUNDING STREAMS FOR MAT IN CUSTODY





<https://vimeo.com/user12199306/review/374489607/8867d514ad>

**MEDICAL CASE FOR MAT**

Dr Marce Abare

Medical Director, Reentry Resource Center, Mobile Medical Unit  
Santa Clara Valley Health and Hospital System



**CHILD WELFARE & MAT**

Howard Himes, MSW



❑ **CHILD WELFARE & MAT**

## Child Welfare and MAT

### What does the data tell us

- Child Welfare families, between 50-80% of abused or neglected children have substantial safety risks due to parental substance abuse disorders. (Semedei, et al, 2001)
- Reunification rates for parents with SUD- One study reunification rates as low as 10%. (Ryan, et al, 2006)
- Reunification rates are lower for parents with opioid use than with alcohol and cocaine use. (Choi & Ryan, 2007)
- Research shows that treatment of OUD without MAT results in relapse rates as high as 75%.
- Only 24% of heroin users in a child welfare sample had been referred to MAT. (Choi, 2006)
- World Health Organization- MAT along with drug treatment interventions is the most effective treatment for OUD (Opioid Use Disorder) 2004 SAMHSA best practice.



❑ **CHILD WELFARE & MAT**

## Child Welfare and MAT

### Barriers to implementation of MAT

- Lack of availability of MAT treatment.
- Stigma
- Absence of prescribing physician.
- Exclusive commitment to social model such as 12 step.
- Child Welfare workers lack of MAT knowledge and general misunderstanding of MAT by Child Welfare stakeholders.
- Limited interaction between child welfare agencies and MAT providers.
- Funding



❑ CHILD WELFARE & MAT

## Child Welfare and MAT US Department Health and Human Services Brief

- ❑ Office of Planning and Education and Mathematica-Medication-Assisted Treatment for Opioid Use Disorder in the Child Welfare context: Challenges and Opportunities.
- ❑ Mixed Method Research Study
  - Conducted over 180 interviews in 11 communities across the US.
  - Interviewed Child Welfare Administrators, Judges, practitioners, SUD/OD providers, law enforcement, attorneys, clients, other providers.
- ❑ Presented challenges and opportunities.
- ❑ Provide strategies on how to deal with challenges.
- ❑ Families First Act as a funding strategy.



❑ CHILD WELFARE & MAT

...Opportunities include new funding to expand MAT for opioid use disorder, funding soon to be available under the Family First Prevention Services Act that states may use to fund evidence-based treatment for substance use disorders to prevent children's entry in foster care, and additional steps that could enhance the availability of MAT and improve outcomes for children and families involved with the child welfare system in part because of parents' opioid use.



❑ CHILD WELFARE & MAT

### Child Welfare and MAT The Kentucky Study START

Sobriety Treatment and Recovery Team (START)  
System of Care Approach  
SW receives specialize training on Substance Abuse and Motivational Interviewing.  
Paired with Family Mentor  
Strong Partnership with treatment agencies that support MAT  
Caseload of 12-15 cases.

Study sample of 596 of which 413 unique families from multiple counties. Of the sample size only 55 actually received MAT services.  
No families of color enrolled.



❑ CHILD WELFARE & MAT

### Kentucky Research Findings

- ❑ Compared to parents who received no MAT, a year of MAT increased the odds of parents retaining custody of their children by 120%. In fact for every month of MAT increased the odds by a factor of 10% that parents would retain custody of their children.
- ❑ Hall, M, Wilfong, J., Huebner, R., Posze, L., & Willauer, T. (2016). Medication=assisted treatment improve child permanency outcomes for opioid-using families in the child welfare system. 71, 63-67.



## ❑ CHILD WELFARE & MAT

### Enhancing Permanency in Children and Families (EPIC) Ohio State University partnership.

- ❑ Need to include MAT training in Common Core training.
- ❑ Need to include MAT in Families First proposal.
- ❑ Natural link to Statewide Core Practice Model.



## ■ ADDICTION FREE CA WEBSITE

Addiction Free CA  
A California MAT Expansion Website

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[RESOURCE LIBRARY REGISTER](#)
[CALIFORNIA MAT EXPANSION PROJECT](#)
[DATA DASHBOARD](#)

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

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Upcoming Sessions on February 6<sup>th</sup> in Fresno and March 12<sup>th</sup> in Los Angeles.  
Train The Trainer Session II on January 14 in Sacramento

Questions? Email

[Countytouchpoints@healthmanagement.com](mailto:Countytouchpoints@healthmanagement.com)

Website Resource: [addictionfreeca.org](http://addictionfreeca.org)

