BJA's Comprehensive Opioid Abuse Program

United We Stand

Responding to America's Opioid Crisis

BJA Bureau of Justice Assistance U.S. Department of Justice

Strategies to Address the Opioid Crisis Across the Sequential Intercept Model (SIM)

2020 COAP National Forum

March 10–12, 2020 | Arlington, Virginia

SAMHSA's GAINS CENTER

Strategies to Address the Opioid Crisis Across the Sequential Intercept Model (SIM)

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March 10, 2020

Focus

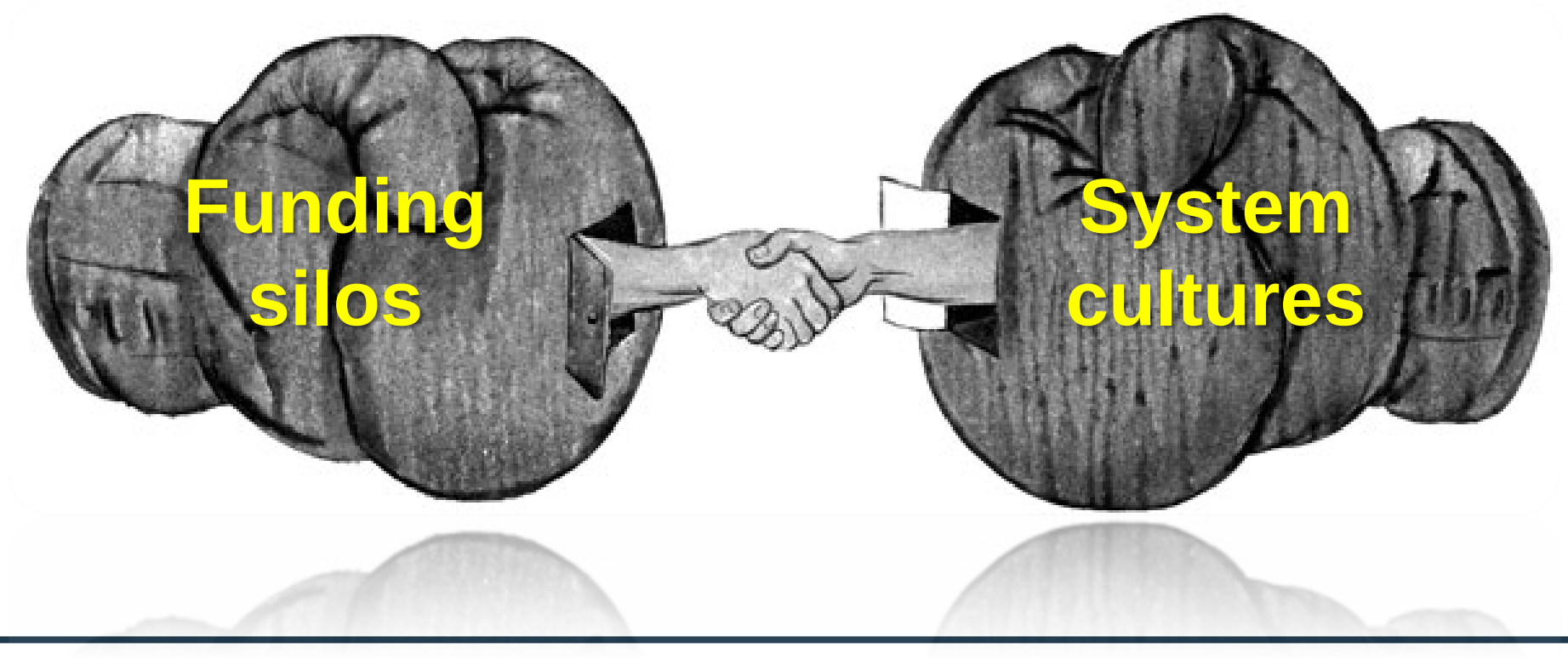
- Men and women...
  - with serious mental illness, substance use disorders, and co-occurring disorders; and
  - who are involved with the criminal justice system

The SIM is a tool…

- The SIM can be used as a tool to develop cross-systems strategies that:
  - Promote and support recovery
  - Ensure safety and quality of life for all
  - Keep people out of jail, in treatment
  - Provide constitutionally adequate treatment while in jail
  - Link people to comprehensive, appropriate, and integrated community-based services

Challenges to Collaboration

Limited resources often create a competitive and protective environment



Improve integrated service delivery by promoting and enhancing

collaboration

Collaboration

Among

- Professionals
- People with Lived Experiences
- Family Members/ Advocates

From

- Criminal Justice
- Mental Health
- Substance Use

Supports

- Social Services
- Entitlements
- Health
- Housing
- Veterans Services

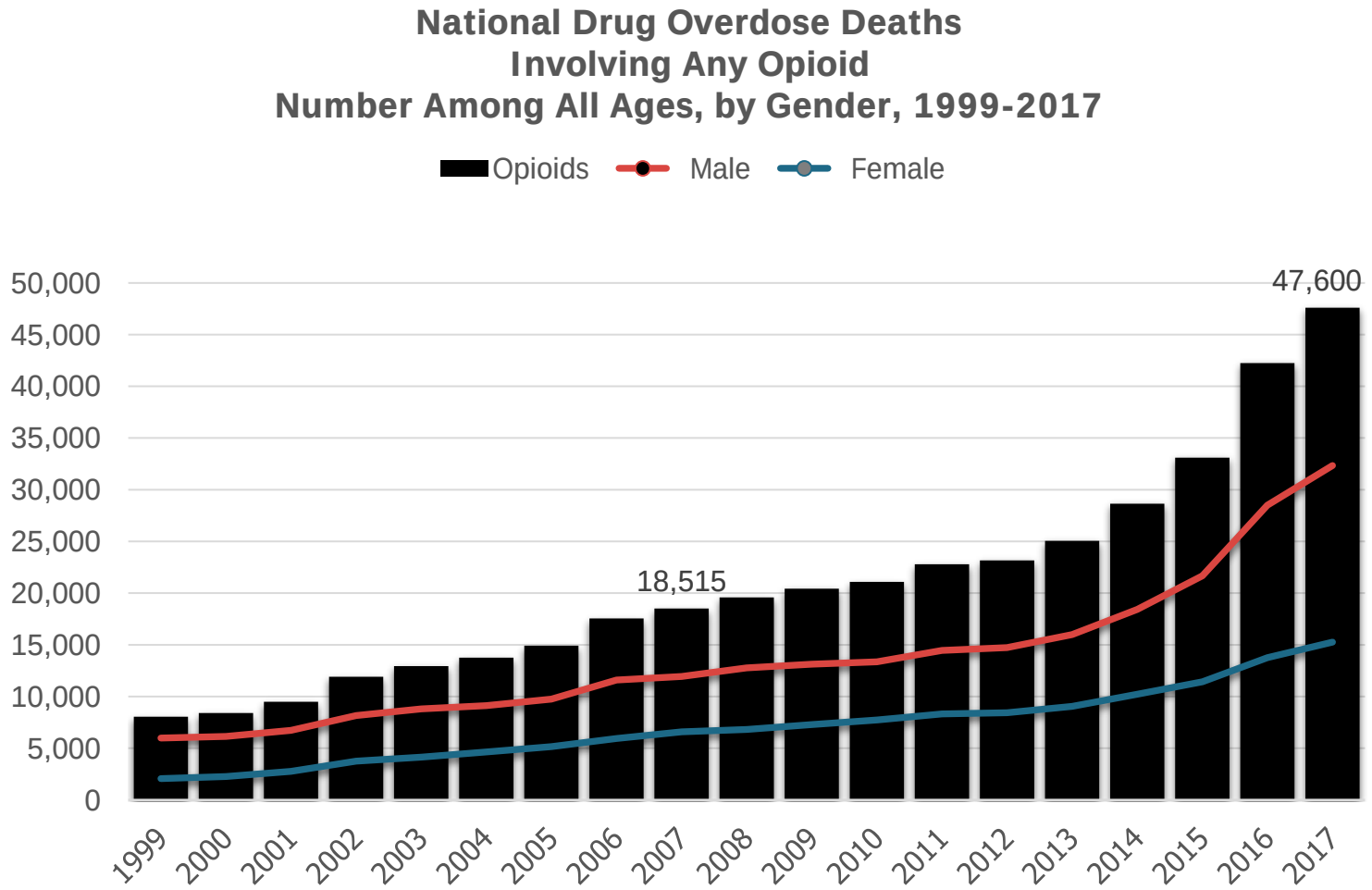
Sequential Intercept Model (SIM)

- People move through the criminal justice system in predictable ways
- Illustrates key points, or intercepts, to ensure:
  - Prompt access to treatment
  - Opportunities for diversion
  - Timely movement through the criminal justice system
  - Engagement with community resources

How can the SIM be used?

- The Sequential Intercept Model can be used by communities to:
  - Transform fragmented systems
  - Assess gaps and opportunities
  - Identify where interventions are needed
  - Streamline duplicative efforts

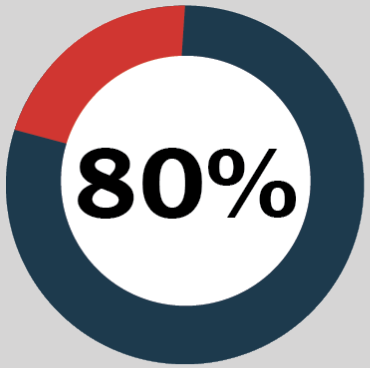
Depicts how adults with behavioral health needs move through the criminal justice system



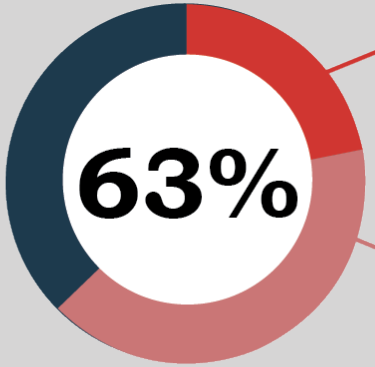
National Trends in Opioid Overdose Deaths

Centers for Disease Control and Prevention. (2019). ***CDC Wonder Database*****.**

Jails and Substance Use Disorders



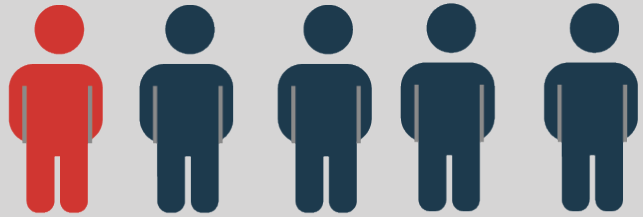
of **arrestees** tested positive for a drug



22% have CODs

41% have only SUDs

of jail inmates have a **substance use disorder**



Only **1 in 5** inmates receive drug treatment while incarcerated

Office of National Drug Control Policy, 2013
Bronson, J., Zimmer, S., & Berzofsky, M, 2017
SAMHSA, 2019

Prevalence of Trauma

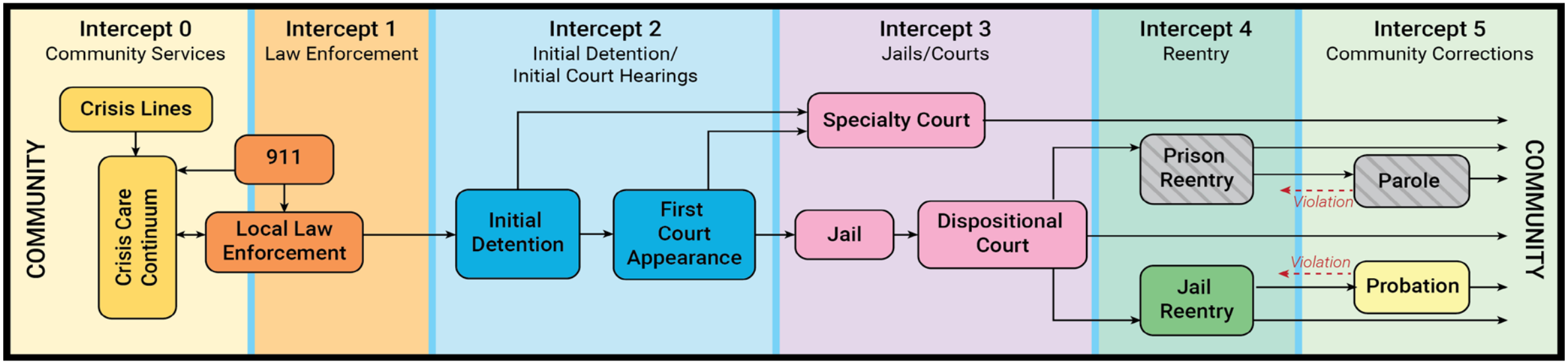
Trauma and the Justice System

Any Physical or Sexual Abuse
(N=2,122)

	Lifetime	Current
Female	95.5%	73.9%
Male	88.6%	86.1%
Total	92.2%	79.0%

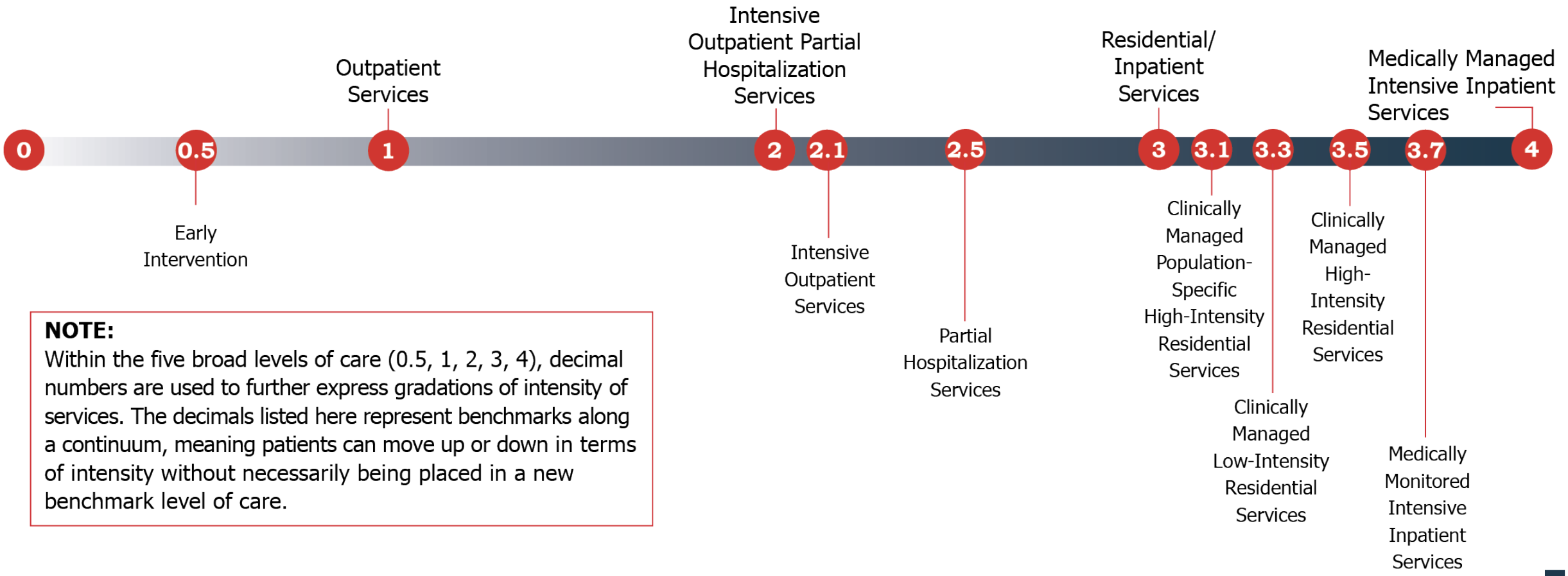
SAMHSA, TCE Jail Diversion Studies 2002-2007

Sequential Intercept Model



Coordinating with Community Resources: ASAM Criteria-Moving Away From the Cookie-Cutter Approach

REFLECTING A CONTINUUM OF CARE



NOTE:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Medication-Assisted Treatment (MAT)

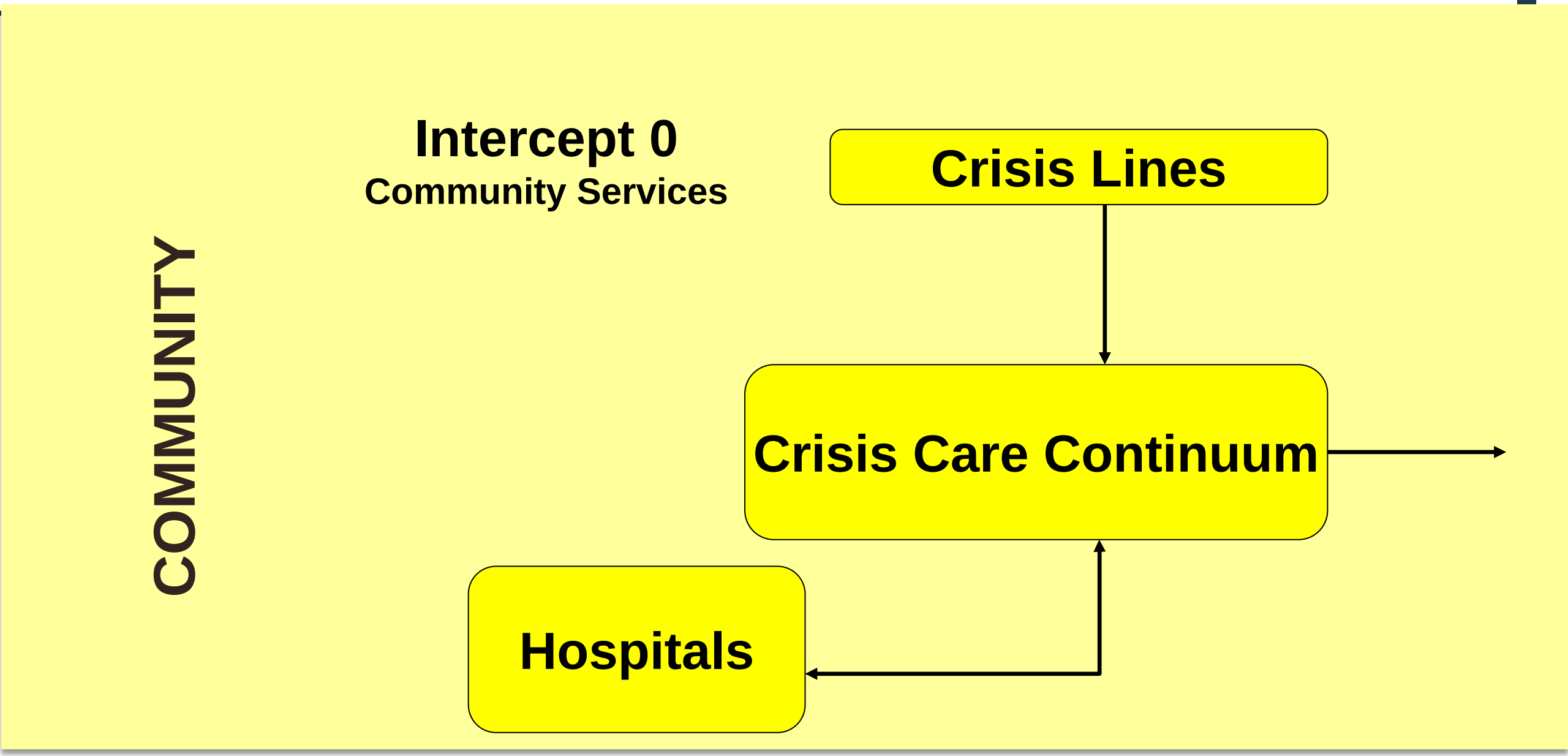
FDA–approved Medication for Substance Use Treatment and Tobacco Cessation	
Medications for **Alcohol** Dependence	Naltrexone (ReVIa®, Vivitrol®, Depade®) Disulfiram (Antabuse®) Acamprosate Calcium (Campral®)
Medications for **Opioid** Dependence	Methadone Buprenorphine (Suboxone®, Subutex®, and Zubsolv®) Naltrexone (ReVia®, Vivitrol®, Depade®)
Medications for **Smoking** Cessation SAMHSA and HRSA Integrated Solutions http://www.samhsa.gov/medication-assisted-treatment	Varenicline (Chantix®) Bupropion (Zyban® and Wellbutrin®) Nicotine Replacement Therapy (NRT)

Recommended Substance Use Screens

- Texas Christian University Drug Screen-V
  - Past 12-month use based on DSM-V criteria; 17 items
  - Consider combining with the AUDIT for alcohol use

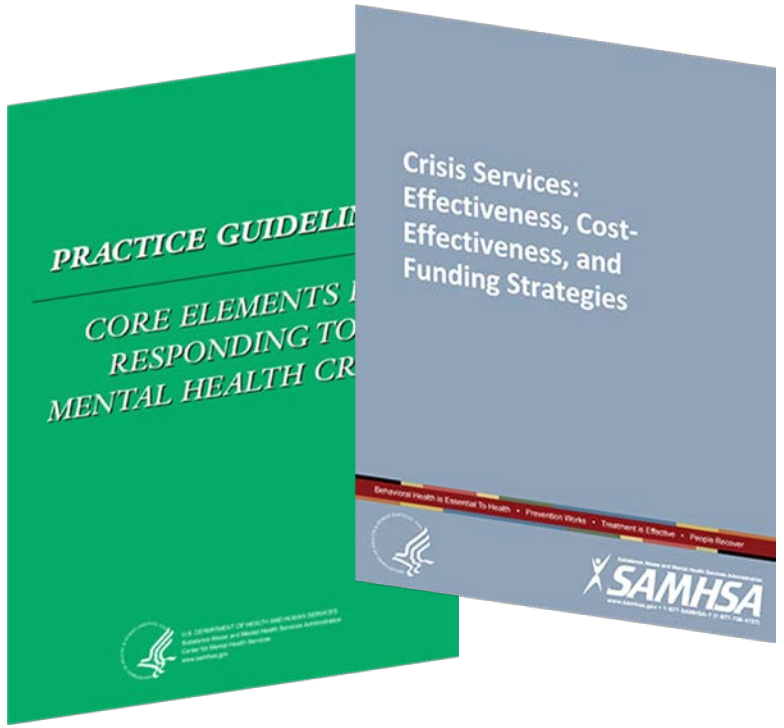
- Simple Screening Instrument for Substance Abuse
  - Past 6-month alcohol and drug use; 16 items
  - Consider combining with the AUDIT for alcohol use

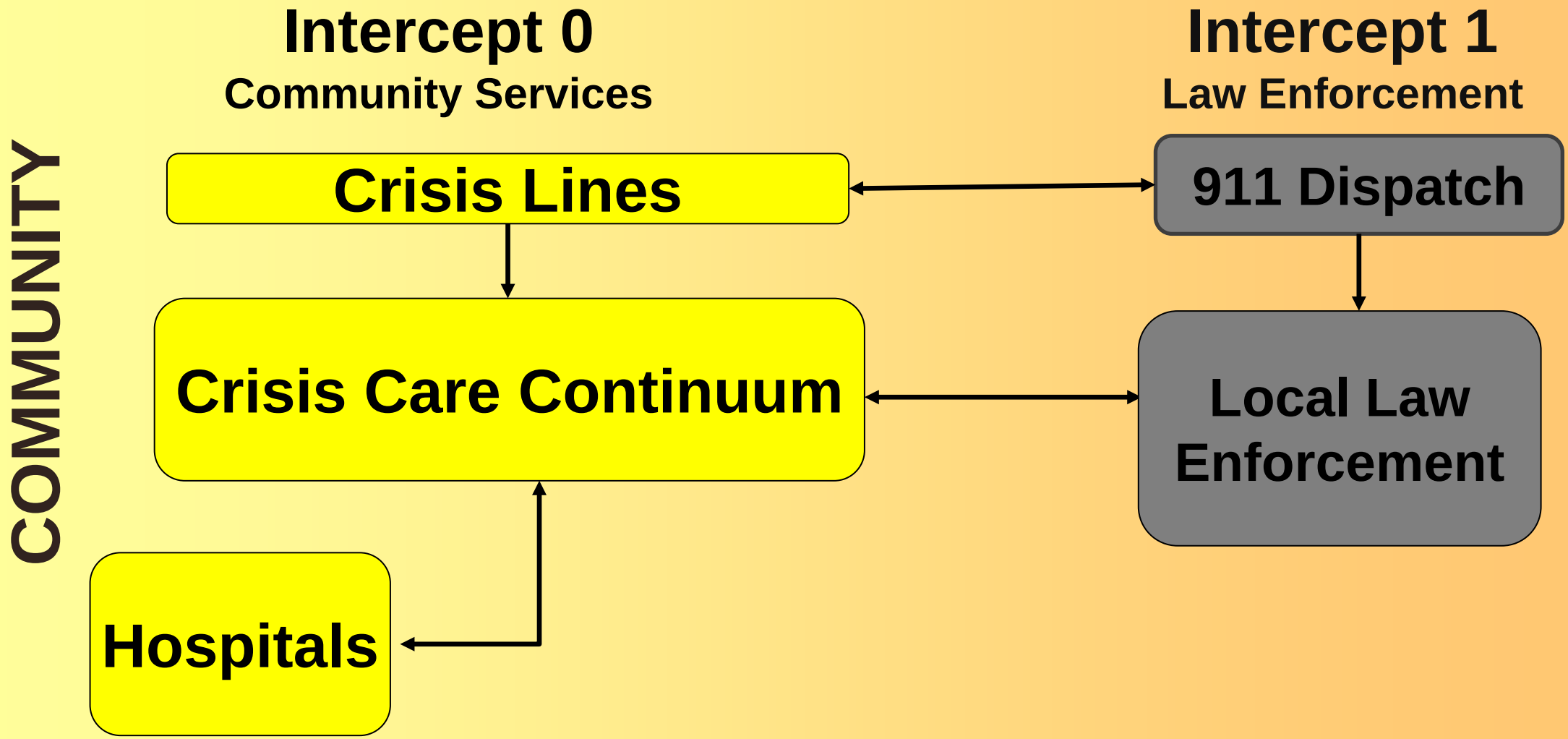
- Alcohol, Smoking, and Substance Involvement Screening Test
  - Screens for lifetime use, current use, severity of use, and risk of IV use. Available from the World Health Organization and NIDA


Intercept 0
Community Services
COMMUNITY
Crisis Lines
Crisis Care Continuum
Hospitals

Crisis Care Continuum

- ER Diversion and Peer Support/Navigators
- Crisis Stabilization - 16 beds; LOS: 3-5 Days
- Crisis Residential - 18 beds; LOS: 10-14
- Crisis Respite - Apartment style; LOS 30 days
- Transition Residential – Apartment Style; LOS: 90 days
- Peer Respite Residential
- Mobile Crisis Outreach/Police Co-response
- 24/7 Walk-in/Urgent Care w/connectivity
- Critical Time Intervention up to 9 months




Intercept 0
Community Services
Intercept 1
Law Enforcement
COMMUNITY
Crisis Lines
911 Dispatch
Crisis Care Continuum
Local Law Enforcement
Hospitals

Integrating 0 & 1: Specialized Crisis Responses

- Central drop off
  - Co-location with SUD services
- Police-friendly policies
  - No refusal policy
  - Streamlined intake
- Cross-training
  - Ride-along
- Community linkages
  - Case management
  - Care coordination
  - Co-response or warm hand-off

Law Enforcement/Emergency Services

- Crisis Intervention Teams
  - Involve community partnerships
  - 40 hours of training required
  - Accessible and responsive to Crisis Care system
- Co-Responder Model
  - Mental health professionals employed
- Off-site Support
  - Telephone support to on scene officers
  - Video conference support to on scene officers
- Mobile mental health crisis teams
- Specialized EMS Response
  - Ambulance/fire specialized MH training/co-response

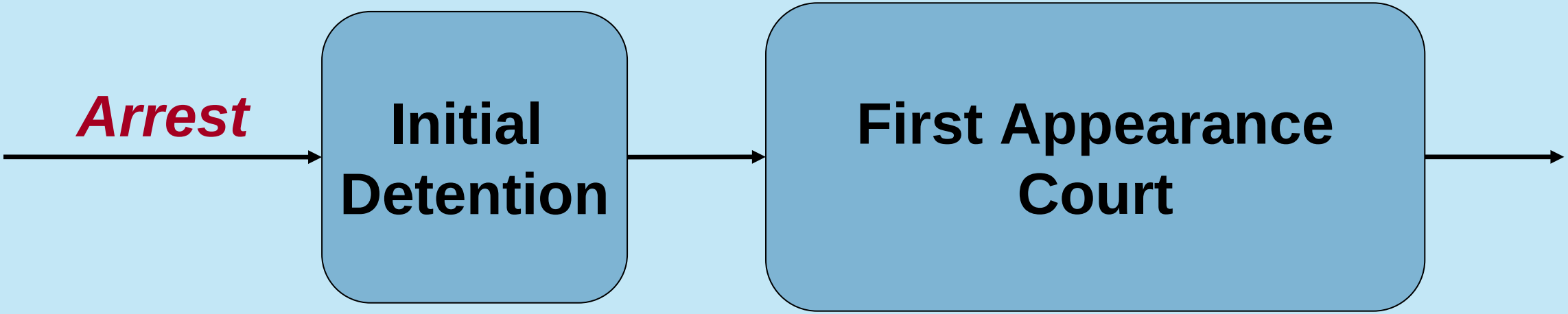
Intercept 0-1 Opioid Enhancements

- Expand ER Capacity and Treatment Linkage
- Train EMS/First Responders – Narcan availability
- Train Law Enforcement
  - Enhancement or development of Specialized Police Response
  - Co-response teams with substance use specialists
  - Narcan availability
  - Needle Exchange and on-demand referral

Intercept 0 and 1 Common Gaps

- Lack of Crisis Stabilization Units and continuum of crisis services, including detox
- Lack of sufficient Mobile Crisis Response
- Lack of MH or CIT training for 911 Dispatch

Intercept 2
Initial Detention/ Initial Court Hearings



Intercept 2 Essential Elements

- Identification and screening
- Court-based clinician
- Recovery-based engagement
- Proportional response

Identification and Referral

Personnel

- Police officers
- Booking officers
- Jail medical staff
- Pretrial services
- Public defenders
- Prosecutors
- VJO specialist

Strategies

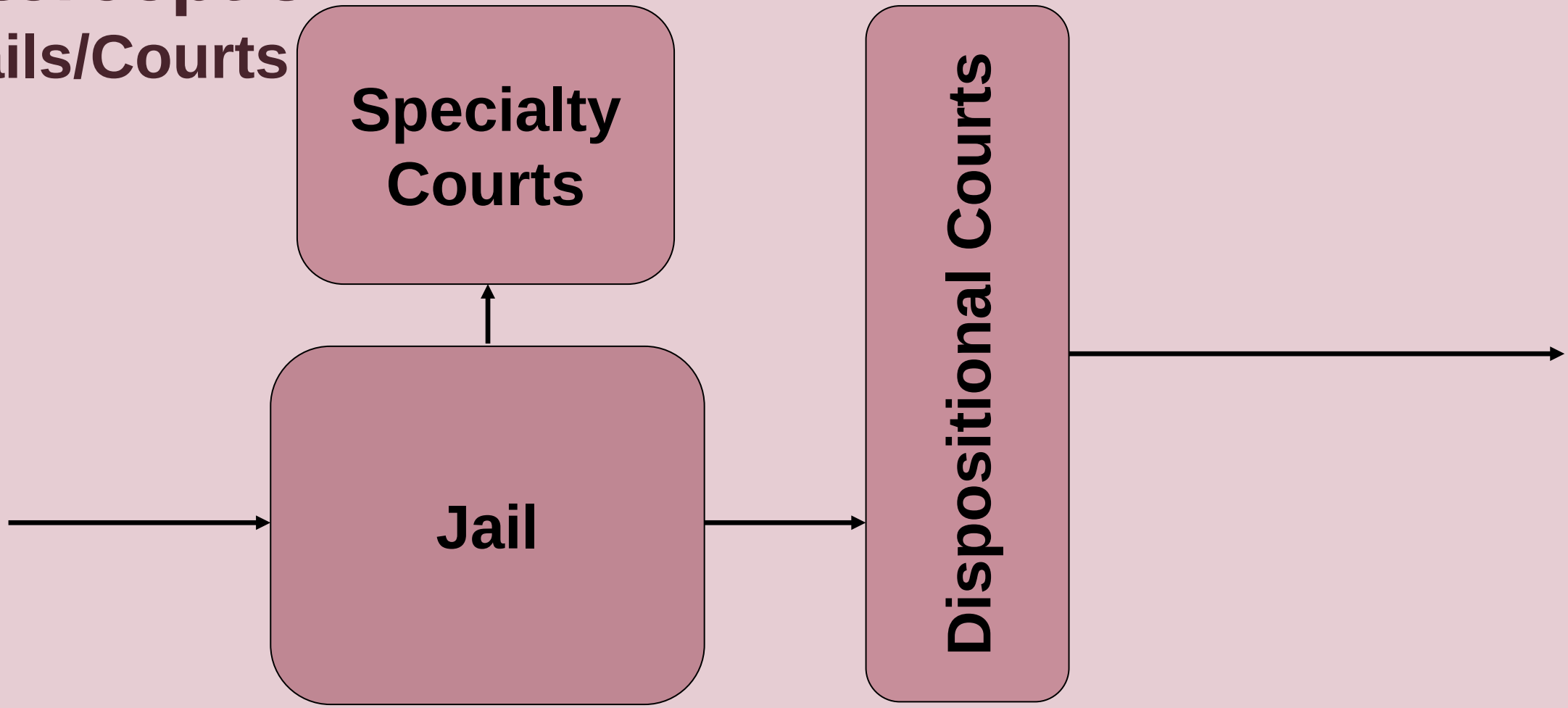
- Data matching
- Mental health risk screen
- Potential diversion presented at arraignment
- Referral to what?

Common Gaps at Intercept 2

- Lack of diversion opportunities
- Lack of specialized supervision for people with mental and substance use disorders on pretrial supervision
- Lack of multiple mental health screening strategies

Intercept 3

Jails/Courts



Key Issues: Jails and Courts

- In-jail services
  - Identification and screening
  - Access to medications, mental health services, and substance use services
  - Communication with community-based providers
- Court options – post-booking diversion
  - Drug/DUI courts, mental health courts, veterans court

Intercept 2-3 Opioid Enhancements

Jails

- SUD Screening
- Detox/Methadone Maintenance
- MAT

Courts

- Screening and referral
- Court-based clinicians
- MAT in specialty courts
- One-stop resource centers
- Care coordination
- Peer component

Common Gaps at Intercept 3

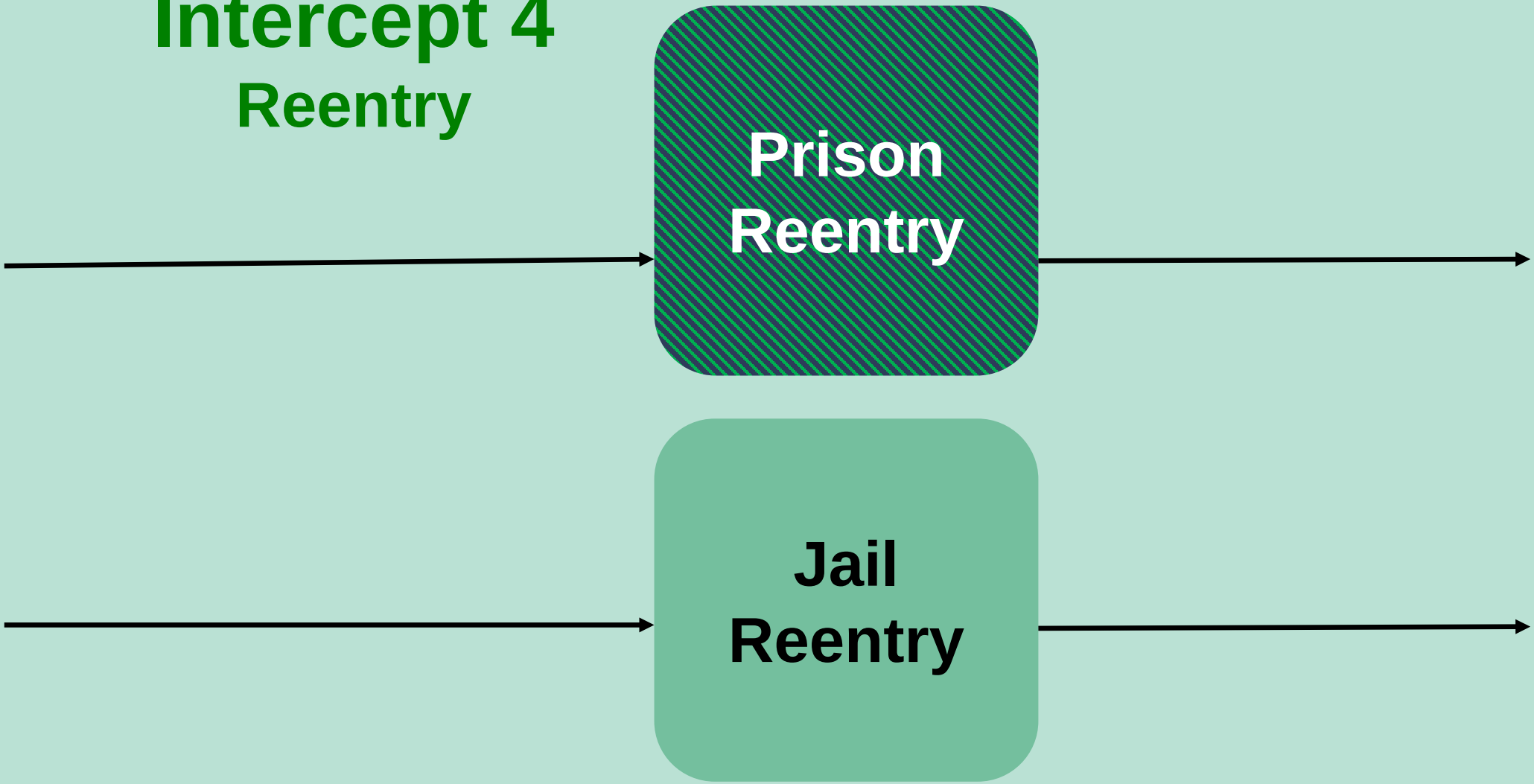
- Jails
  - Lack of screening for veterans/military service
  - Medication continuity
  - Off-formulary medication
  - Insufficient data about the SMI population with the jail census

- Courts
  - Over reliance on treatment courts
  - Treatment courts limited to post-conviction models
  - Only misdemeanor or only felony models
  - Co-occurring disorders not understood

Behavioral Health Treatment Court Lessons

- Judicial leadership is key
- Regular meetings and communication of partners
- EBPs take time to implement; communities need a continuum of treatment resources
- Paid peer staff can make a significant impact
- Services and supervision need to account for co-occurring disorders
- Flexibility and individual treatment plans are necessary

Intercept 4
Reentry



Reentry Models

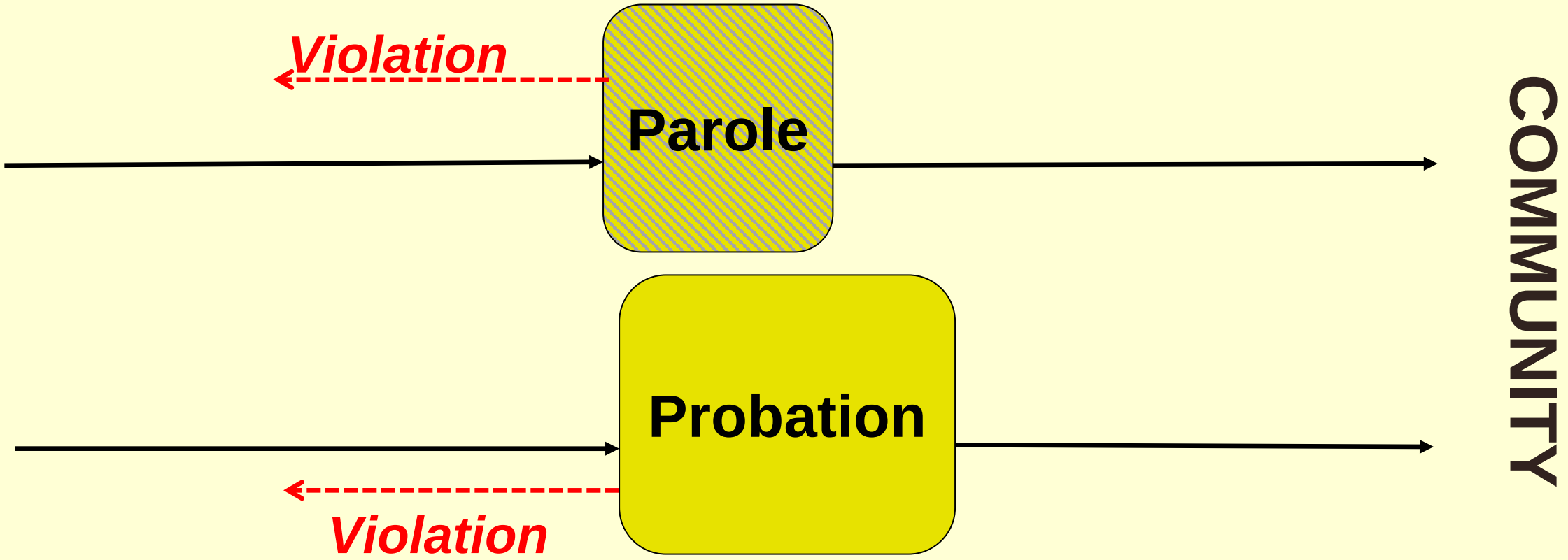
- Refer out
  - Institution staff provide inmates referrals to community-based services
- Reach in
  - Providers conduct intakes and arrange service plans
- Transitional reentry
  - Shared responsibility
- $40 and a bus ticket

Common Gaps at Intercept 4

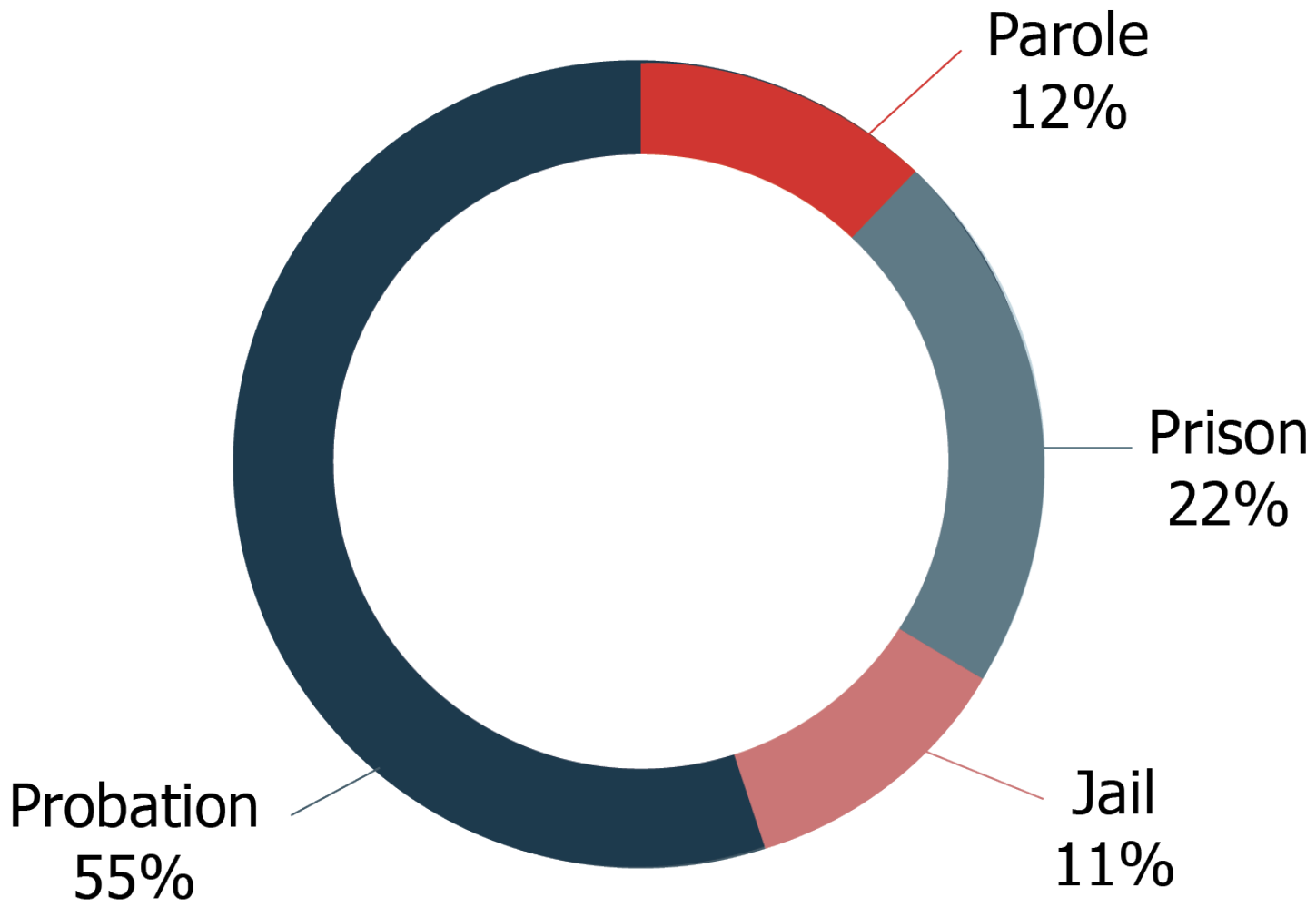
- Dealing with multiple needs, across multiple systems
- Timing is everything…
  - Lack of coordination across multiple services and support systems
  - Insufficient medications or prescriptions upon release
  - Lack of Medicaid/SSI enrollment
  - Insufficient connection to community-based services
  - Court releases – timing, procedures
  - Transportation
  - Lack of stable housing
  - Treatment providers who can meet needs

Intercept 5

Community Corrections/Community Supports



6.9 Million Under Correctional Supervision



Specialized Caseloads: A Promising Practice Model

- Benefits
  - Improves linkage to services
  - Improves functioning
  - Reduces risk of violation
- Specialized caseloads rely on an effective partnership between supervising probation officers and treatment providers

Intercept 4-5 Opioid Enhancements

Jail Reentry

- In-reach engagement and Care Coordination
  - Peer component
- MAT upon release
- Benefit enrollment
- Timely access to substance use treatment

Probation/Parole

- Training and Screening
- Narcan availability
- Specialized Caseloads
- Graduated Sanctions
- Co-located services
- Opioid specific treatment collaboration

Common Gaps at Intercept 5

- Lack of alternatives to technical violation
- Caseloads
  - Lack of specialized caseloads
  - Caseloads with high ratios of probationers to officer
- Access to appropriate housing
- Behavioral health providers
  - Lack of agreements on what information is shared with probation
  - Poor implementation of RNR strategies
  - Medication Assisted Treatment access

Cross-Intercepts Gaps

- Information Sharing (HIPAA)
- Cross-training
- Trauma-informed approaches and trauma-specific treatment services
- Cross-system screening for veterans
- Healthcare reform
- Integration of peer services
- Housing
- Lack of formal planning structure
- Data, Data, Data

Summary: Importance of the SIM

- Seamless transition to the community
- Moving away from the criminal justice system into services
- Strategic approach to protect public safety and improve public health
- Using the SIM to leverage the community brain trust and to have criminal justice and behavioral health professionals speaking a more common language

SAMHSA's GAINS Center

- SAMHSA's GAINS Center for Behavioral Health and Justice Transformation focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system
- SAMHSA's GAINS Center is operated by Policy Research Associates, Inc. in Delmar, New York

Relevant Resources from SAMHSA/GAINS

MEDICATION-ASSISTED TREATMENT (MAT) IN THE CRIMINAL JUSTICE SYSTEM:
BRIEF GUIDANCE TO THE STATES

WHAT IS THE ISSUE?

Across the U.S., opioid use and overdose deaths are at epidemic proportions. In 2017, 2.1 million people in the United States had an opioid use disorder (OUD)[h] and nearly 68 percent of overdose deaths involved opioids.[i] Individuals reporting opioid use are significantly more likely to be involved with the criminal justice system compared to people with no opioid use, and the level of justice involvement increases with the level of opioid use.[j] Within the criminal justice system, nearly 10 percent of justice-involved individuals self-report heroin use.[k] Estimates indicate that about half of drug courts serve groups where over 20 percent report an opioid dependency;[l] 22 percent of jails report that 10 percent or more of their jail populations have an opioid dependency.[m] Among individuals sentenced to jail and state prison, regular use of opioids was reported at 17 and 19 percent, respectively.[n]

Opioid overdose deaths have reduced the expected life span of justice-involved people in the U.S., largely due to the risks associated with community re-entry following incarceration. Justice-involved individuals are more likely to die of an opioid overdose compared to the general population;[o] and, drug overdose is among the leading causes of death for individuals re-entering the community, with a majority of these overdoses involving opioids.[p]

The field of criminal justice has been slow to incorporate FDA approved pharmacotherapy for opioid use disorder, also called medication-assisted treatment (MAT), into routine practice.[q] One study found that only 53 percent of drug court programs allowed MAT medications as part of their participants' treatment;[r] overall, treatment courts are reluctant for participants to begin MAT after they have detoxed during an incarceration.[s] Many jails require complete withdrawal from all opioids, including prescribed MAT medications. However, an estimated 77 percent of formerly incarcerated individuals with an OUD relapse to opioid use within three months of release even after participating in a counseling program while incarcerated.[t]

State governments have long been recognized as critical players in fostering the use of medication to treat substance use disorders (SUD) and increasing the availability of affordable, evidence-based treatments.[u] Now, in the midst of the opioid epidemic, states should consider the use of federal and state funding to create or expand evidence-based treatments, including MAT, in criminal justice settings.

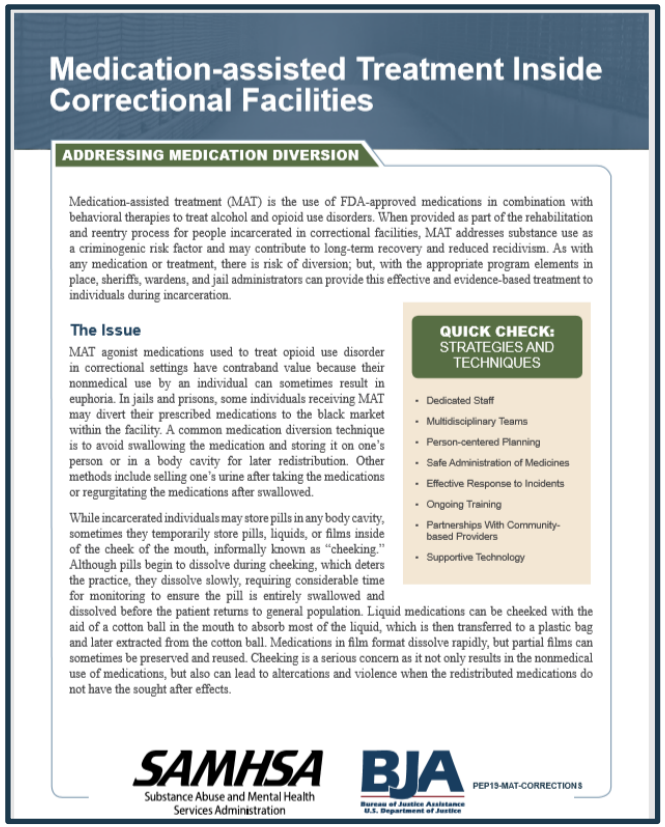
BENEFITS OF PROVIDING MAT TO JUSTICE-INVOLVED INDIVIDUALS

Studies show that MAT reduces drug use,[a] disease rates, and overdose events,[b] as well as, promotes recovery[c] among individuals with opioid use disorders. Across the criminal justice system, MAT has been found to reduce criminal activity,[d] arrests,[e] as well as probation revocations and re-incarcerations.[f]

Jail re-entry and treatment courts are two areas in criminal justice that are leading the uptake of MAT into criminal justice programs and facilities. Sheriffs and judges leading these efforts report fewer individuals with OUD cycling in and out of the local jails and individuals in treatment courts staying in treatment for longer periods of time.[g]

SAMHSA Substance Abuse and Mental Health Services Administration

PEP19-MATBRIEFCJS



Medication-assisted Treatment Inside Correctional Facilities

ADDRESSING MEDICATION DIVERSION

Medication-assisted treatment (MAT) is the use of FDA-approved medications in combination with behavioral therapies to treat alcohol and opioid use disorders. When provided as part of the rehabilitation and reentry process for people incarcerated in correctional facilities, MAT addresses substance use as a criminogenic risk factor and may contribute to long-term recovery and reduced recidivism. As with any medication or treatment, there is risk of diversion; but, with the appropriate program elements in place, sheriffs, wardens, and jail administrators can provide this effective and evidence-based treatment to individuals during incarceration.

The Issue

MAT agonist medications used to treat opioid use disorder in correctional settings have contraband value because their nonmedical use by an individual can sometimes result in euphoria. In jails and prisons, some individuals receiving MAT may divert their prescribed medications to the black market within the facility. A common medication diversion technique is to avoid swallowing the medication and storing it on one's person or in a body cavity for later redistribution. Other methods include selling one's urine after taking the medications or regurgitating the medications after swallowed.

While incarcerated individuals may store pills in any body cavity, sometimes they temporarily store pills, liquids, or films inside of the cheek of the mouth, informally known as "cheeking." Although pills begin to dissolve during cheeking, which deters the practice, they dissolve slowly, requiring considerable time for monitoring to ensure the pill is entirely swallowed and dissolved before the patient returns to general population. Liquid medications can be cheeked with the aid of a cotton ball in the mouth to absorb most of the liquid, which is then transferred to a plastic bag and later extracted from the cotton ball. Medications in film format dissolve rapidly, but partial films can sometimes be preserved and reused. Cheeking is a serious concern as it not only results in the nonmedical use of medications, but also can lead to altercations and violence when the redistributed medications do not have the sought after effects.

QUICK CHECK: STRATEGIES AND TECHNIQUES

- Dedicated Staff
- Multidisciplinary Teams
- Person-centered Planning
- Safe Administration of Medicines
- Effective Response to Incidents
- Ongoing Training
- Partnerships With Community-based Providers
- Supportive Technology

SAMHSA Substance Abuse and Mental Health Services Administration

BJA Bureau of Justice Assistance U.S. Department of Justice

PEP19-MAT-CORRECTIONS

Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs

A Treatment Improvement Protocol

TIP 43

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

MAT MEDICATION-ASSISTED TREATMENT

SAMHSA's GAINS Center's National Webinars

- July 2019 – Medication-assisted Treatment for Opioid Use Disorder in Correctional Settings: Notes from the Field
- August 2019 – Implementing Medication-assisted Treatment in Drug Court Settings
- September 2019 – Drug Treatment Court Opioid Overdose Prevention Framework
- January 2020 – Preventing Opioid Overdose at Reentry through Jail- and Community-based Programs
- February 2020 – Medication-assisted Treatment in Drug Courts: Addressing Barriers to Effective Implementation

SAMHSA's GAINS Center's Activities

2020 Community of Practice – Using the Sequential Intercept Model (SIM) to Guide Medication-assisted Treatment Implementation

Involvement in this opportunity will allow jurisdictions the opportunity to:

- Use evidence-based practices to address the topic and related issues
- Develop coordinated local strategic plans and implementation strategies
- Learn through peer-to-peer sharing

SAMHSA's GAINS Center's Activities

Sequential Intercept Mapping Workshops to Develop Comprehensive, Community-wide Strategic Plans for Addressing Opioid Use

Involvement in this opportunity will assist jurisdictions in identifying resources, gaps and opportunities, including:

- Screening and assessment
- Diverting individuals out of the criminal justice system and into community-based treatment programs
- Implementing or expanding Medication-assisted Treatment
- Maintaining continuity of care through transitions in and out of custody

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https://www.samhsa.gov/gains-center

SAMHSA's GAINS CENTER

Clackamas County, Oregon

Kelli Zook, Opioid Project Coordinator,
Clackamas County Community Corrections

March 10, 2020

Impact on Clackamas County

	2019
ED/Urgent Care Overdose Visits	245
Opioid use disorder diagnosis (HealthShare members)	3, 079
First Responder Opioid Overdose Response[1] (2018)	247
Bookings into the Clackamas County Jail Clackamas County jail- opioid withdrawl protocol	10,013 1207
Overdose deaths[2] (2018)	21 confirmed, 4 pending

1) AMR and Clackamas Fire District #1
2) Oregon State Medical Examiner

Clackamas County Stakeholders

- Clackamas County Sheriff Office
- Clackamas County Jail
- Clackamas Fire
- Clackamas County Health, Housing & Human Services
- Local Police Departments
- Circuit Court/Drug Court/District Attorney's Office
- Local Hospital System
- Re-Entry Services
- Substance Use Treatment Providers
- Pre-Trial Services

What Services Are Available?

Resources

- Project HOPE
- Withdrawal protocol in jail
- Clackamas County Health Centers
- Clackamas Substance Abuse Program (CSAP)
- Bridges to Change
- Building Bridges-Planning Initiative

Gaps

- Emergency room access to MAT and peers
- Bridge Clinic
- Quick Access to Care
- Mobile access to assessment
- Limited residential treatment

GOALS

- Improve outcomes for those with OUD
- Develop Cross System Approaches
- Prevent Justice Involvement
- Enhance Current Efforts
- Identify Additional Gaps
- Expand Data Sharing
- Explore Data-Driven Strategies

SAMHSA's GAINS CENTER

Beaver County, PA

Jill Perry, LPC, Opioid Project Coordinator, Beaver County
Maria Townsend, Ph.D., Opioid Project Evaluator, Beaver County

March 10, 2020

Impact on Beaver County

Intercept	Data Sources	Impact
Zero	Opioid Stigma Survey	BH/MH respondents reported significantly fewer stigmas compared to respondents in the legal and medical fields
One	First Responders	94% have info needed to address opioid misuse, but want an online resource with crisis intervention techniques (88%), supports for self (74%) and current drug trends (52%)
Two	Treatment Plans	93% of treatment plans address RNR SUD recommendations
Three	Diversion Program	Success rate is 77% up from 70% Only 10% of successful completers have been reincarcerated
Four	Reentry	47% of RETAIN clients report fewer days using illegal drugs at six month follow-up vs. prior to incarceration
Five	Beaver County	700 people received educational outreach and Narcan training

Beaver County Stakeholders

- Beaver County Behavioral Health
- Adult Probation & Parole
- Beacon (Managed Care Provider)
- Beaver County Court/Diversion Program/District Attorney's Office
- Beaver County Jail
- Local Police Departments
- Emergency Medical Services
- Coroner's Office
- Merakey/Pinnacle & other providers
- Cornerstone of Beaver County (Housing)
- Drug Abuse Coalition/Criminal Justice Advisory Board
- Children, Youth & Families
- Peers with Lived Experience

What Services are Available?

Jail based treatment started in 2001:

- COD assessments & case management
- Re-entry as a Medicaid supplemental service
- Seeking Safety
- Education/Vocational assessments
- Peer Specialists
- Screening in the Regional Booking Center
- Vivitrol
- Moral Reconation Therapy

Other services:

*Criminal Justice Advisory Board
*Courthouse COD assessments
*Forensic Assertive Community Treatment (FACT) Team
*Forensic Partner Meetings
*Adult Mental Health 1st Aid for criminal justice & 1st responders
*Screening in Regional Booking Center
*Community Blended Case Management
*Specialized Probation/BH/Peer Teams
*Specialized Probation for sex offenders

GOALS

Increase & improve collaboration, particularly with 1st responders

Analyze and anticipate needs regarding opioid epidemic and how it is evolving, including other substances

Expansion of Beaver County Diversion Program to include additional eligible charges and increased involvement

Thank You

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BJA Bureau of Justice Assistance U.S. Department of Justice

United We Stand

Responding to America's Opioid Crisis

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