



Local Justice System Responses to Methamphetamine

February 22, 2022

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Welcome

Host:

Niki Miller, M.S., CPS

Senior Research Associate

Advocates for Human Potential, Inc.



Learning Objectives

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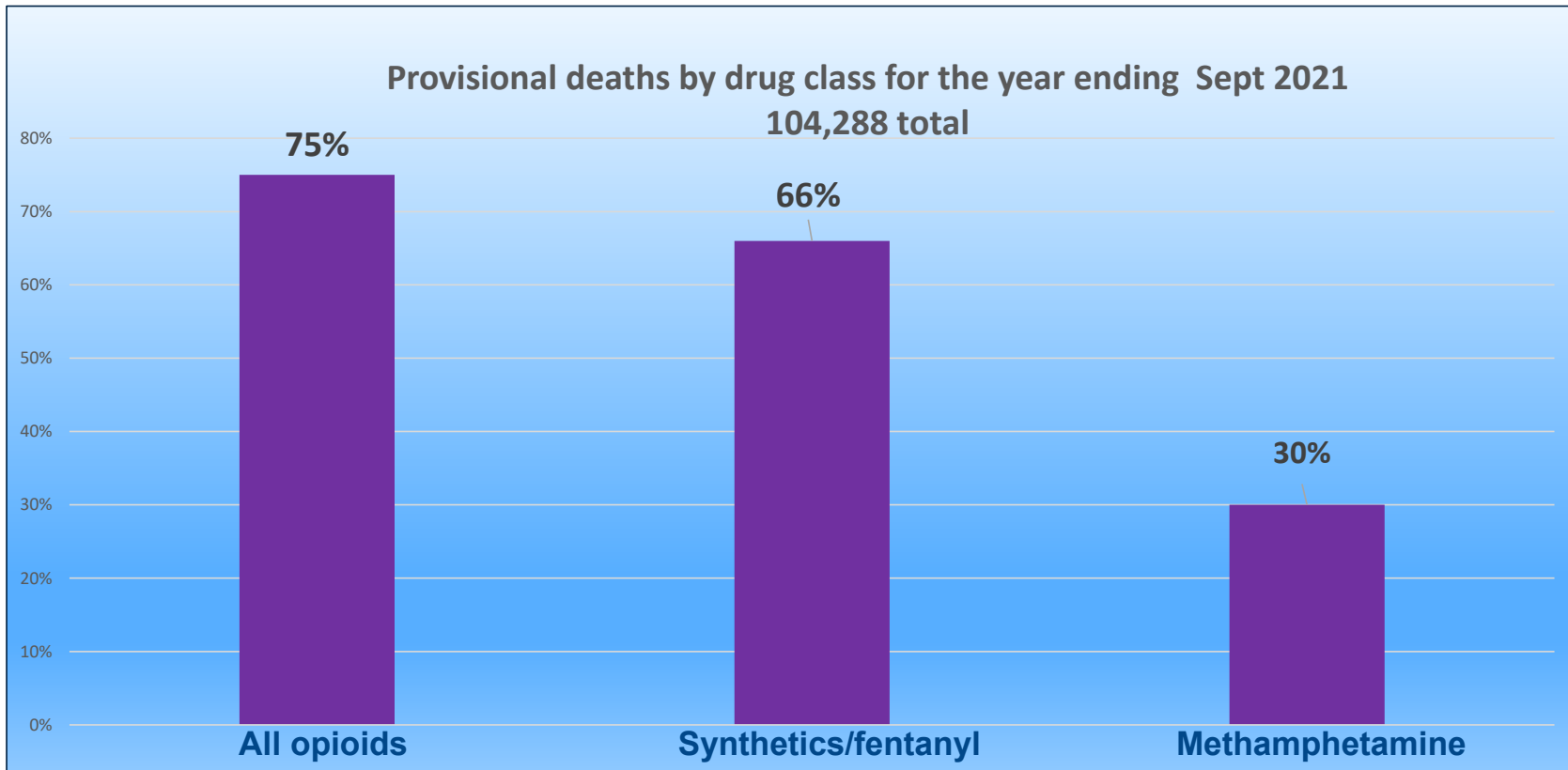
- Describe potential outcomes of diversion, treatment, and continuing care for individuals involved in the justice system who use methamphetamines.
- Name at least two characteristics associated with effective methamphetamine treatment.
- Explain why cross-system collaboration is important to a comprehensive response to methamphetamine use and cite examples of key community stakeholders.

Background on Methamphetamine

- Illicit drug used equally by men and women. No prescription required until 1959.
- By 2002, drug most associated with crime; highest use among those arrested.
- By 2007, lasting impact on criminal justice, child welfare, and environment.
- *Combat Meth Act of 2005* decreased “domestic” labs.
- Cartels replaced domestic meth with potent ice; usage has surpassed peak years.
- High concomitant usage; long-acting-risk of ‘overamping’ with binge use.
- Recent infiltration into more regions w/less experience.
- New flood of counterfeit Adderall pills containing methamphetamine.

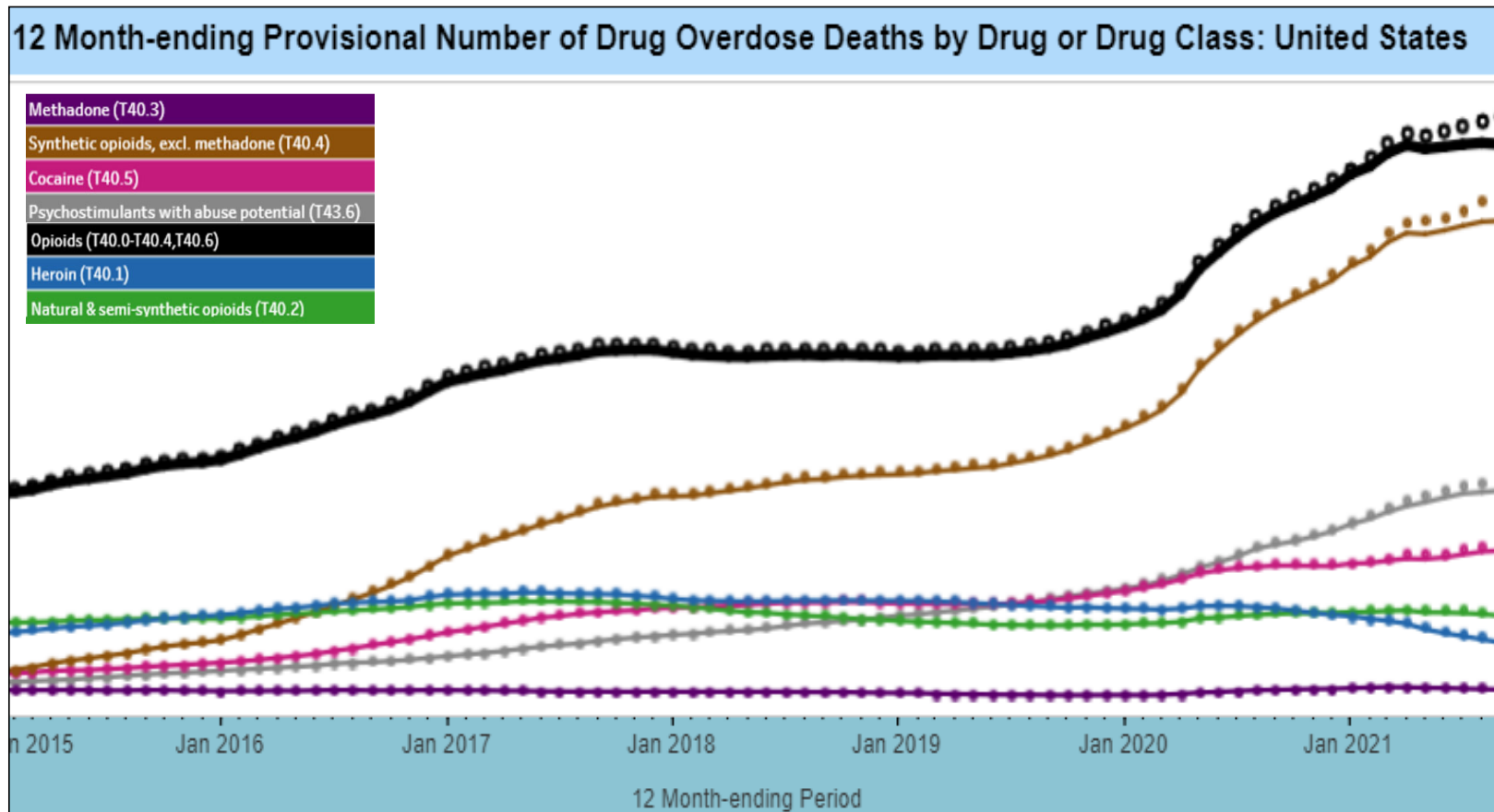


Dominance of Synthetics: National Projected Drug Fatalities



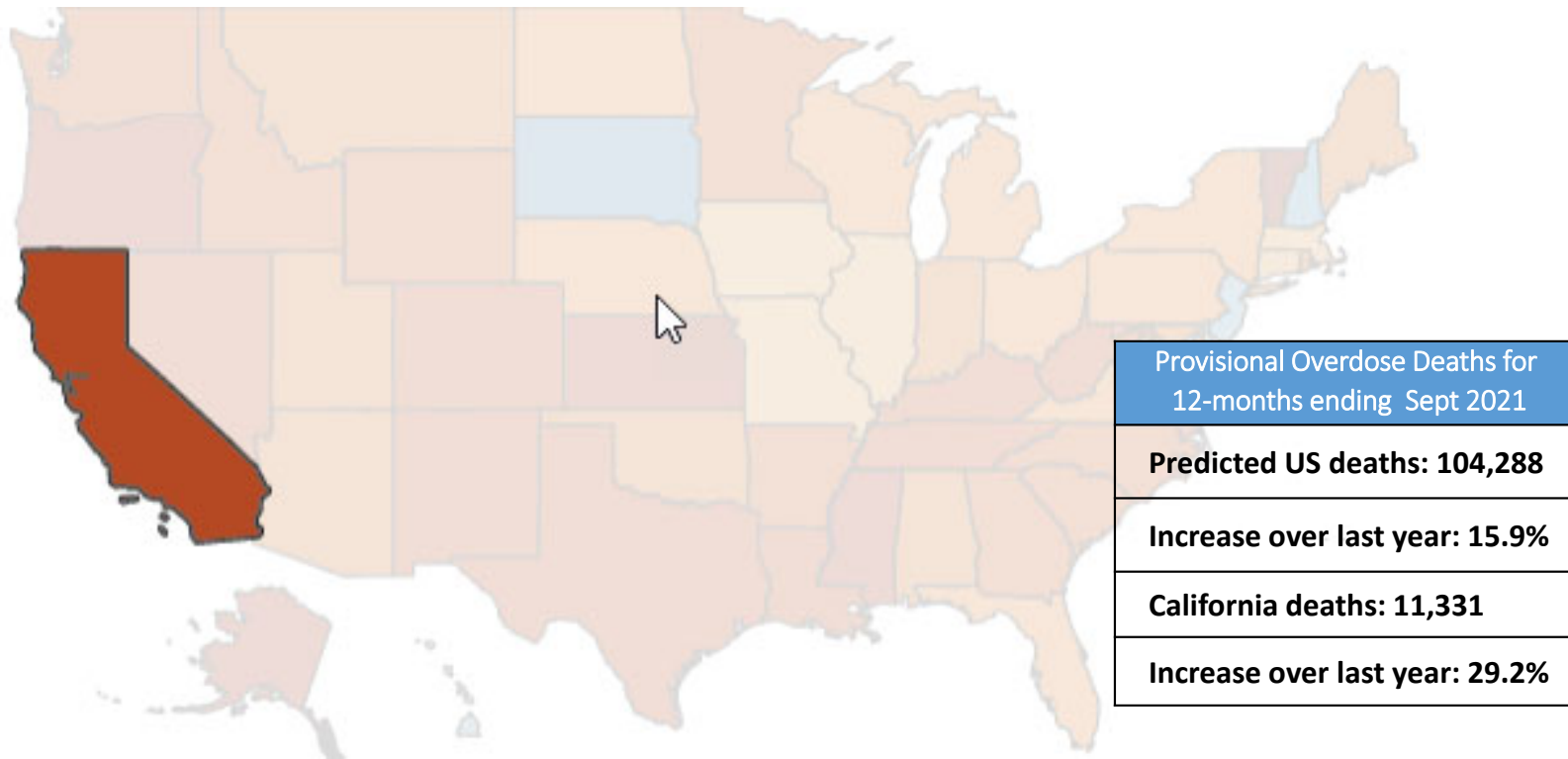
Original analysis of [Provisional Drug Overdose Death Counts](#), National Center for Health Statistics, Vital Statistics Rapid Release

What has changed...



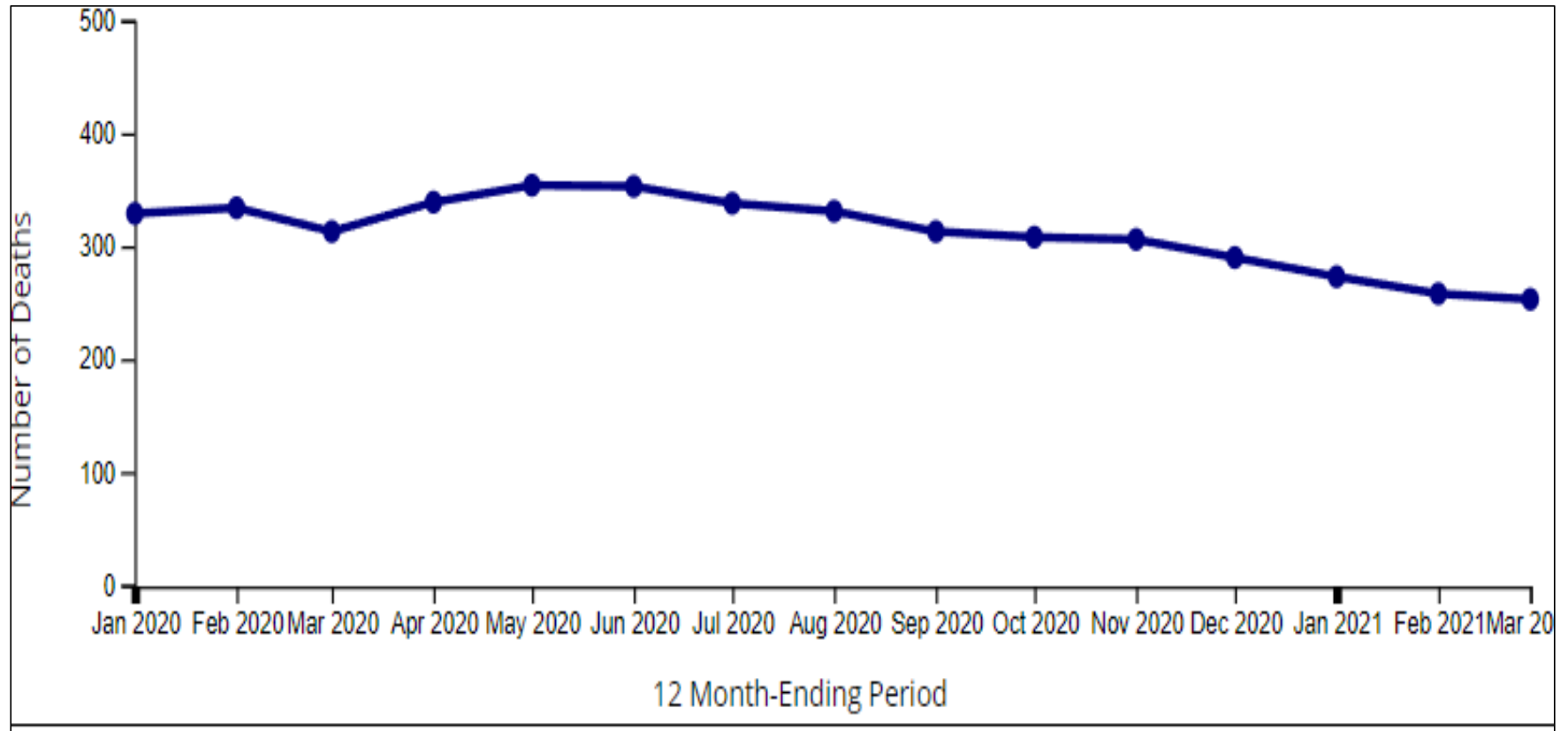
[Provisional Drug Overdose Death Counts, National Center for Health Statistics, Vital Statistics Rapid Release](#)

Deaths in California trending 29% with methamphetamine involved in more than half



[Provisional Drug Overdose Death Counts, National Center for Health Statistics](#)

Sacramento County Overdose Fatality Trends



[Provisional County-Level Drug Overdose Death Counts](#)

Sacramento County Presenters: Community and Justice System Continuum of Care

Presenters

Lori Miller, LCSW

- Division Manager, Substance Use Prevention and Treatment unit for Sacramento County Department of Health Services.
- Responsible for overseeing adherence of state and federal regulations and statutes by County and contracted providers.
- Assisted in development of the Sacramento County Methamphetamine Coalition.
- Believes prevention works, treatment is effective, and people recover.



Presenters

Andrew Mendonsa, Psy.D., MBA

- Oversees clinical and program operations in the Sacramento County Substance Use Prevention and Treatment Unit.
- Served as Chief Psychologist for the State of California Correctional System and has held leadership roles in public and private health care systems.
- Experienced in residential and outpatient substance use disorder (SUD) treatment, state hospitals, jails, juvenile detention facilities, locked treatment units, and segregated housing units.



Everything Starts With An Assessment

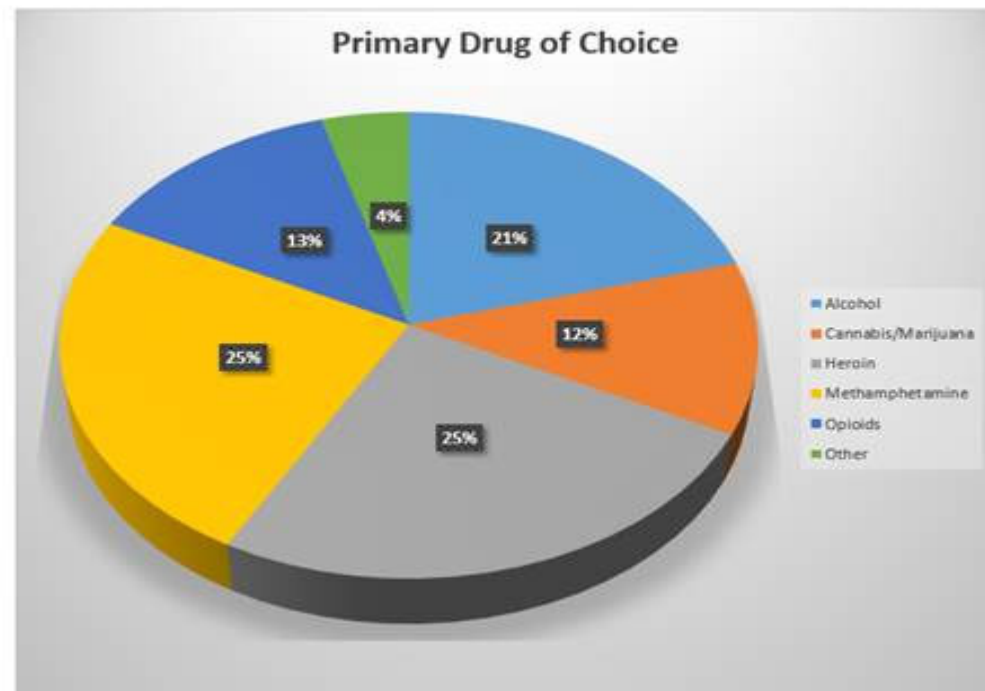
Clients seeking treatment in Sacramento County undergo an American Society of Addiction Medicine (ASAM) Assessment to determine:

- Level of care designation
- Treatment Needs
- Drugs of Use
- Supports/Triggers
- Discharge Planning Needs

Drug of Choice in Sacramento County

Primary Drug of Choice
(July 1, 2020 – June 30, 2021)

- 4,978 clients reported the following as their primary drug of choice:
 - Heroin (25%)
 - Methamphetamine (25%)
 - Alcohol (21%)
 - Opioids (13%)
 - Cannabis (12%)
 - Other substances (4%)



Source: Sacramento County Behavioral Health Services

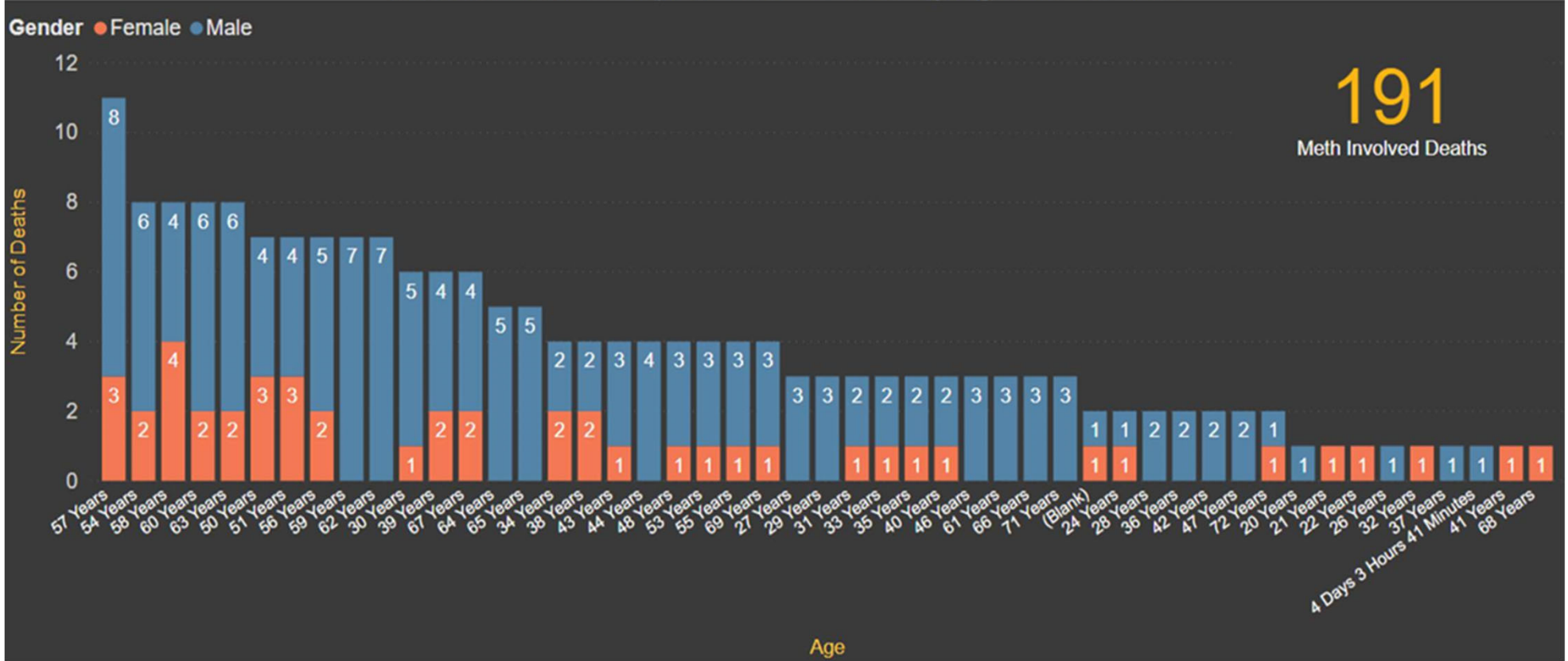
Methamphetamine Treatment Options Within Sacramento County

Sacramento County offers evidenced-based and innovative treatment options for methamphetamine use, including:

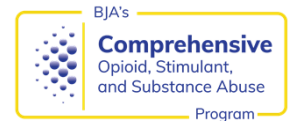
- Methamphetamine Residential Treatment
- Outpatient and Intensive Outpatient Treatment (virtual and/or in-person)
- Medication Assisted Pilot (Wellbutrin and Naloxone)
- Contingency Management (CM) – Statewide CA Dept of Healthcare Services Pilot
- Treatment for co-occurring and polysubstance identified needs

Sacramento County Meth Deaths: May 2020 – May 2021

Number of Methamphetamine Deaths by Age and Gender

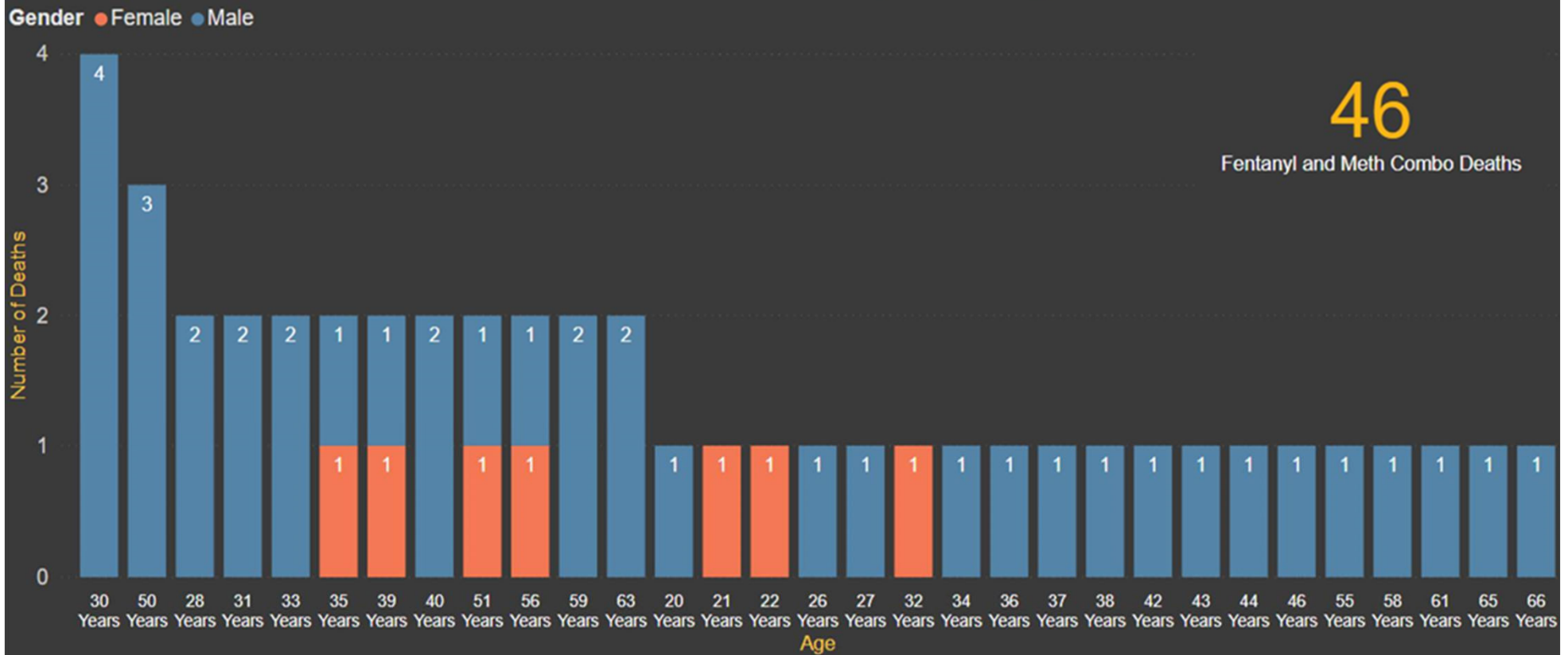


Source: Sacramento County Coroner's Office

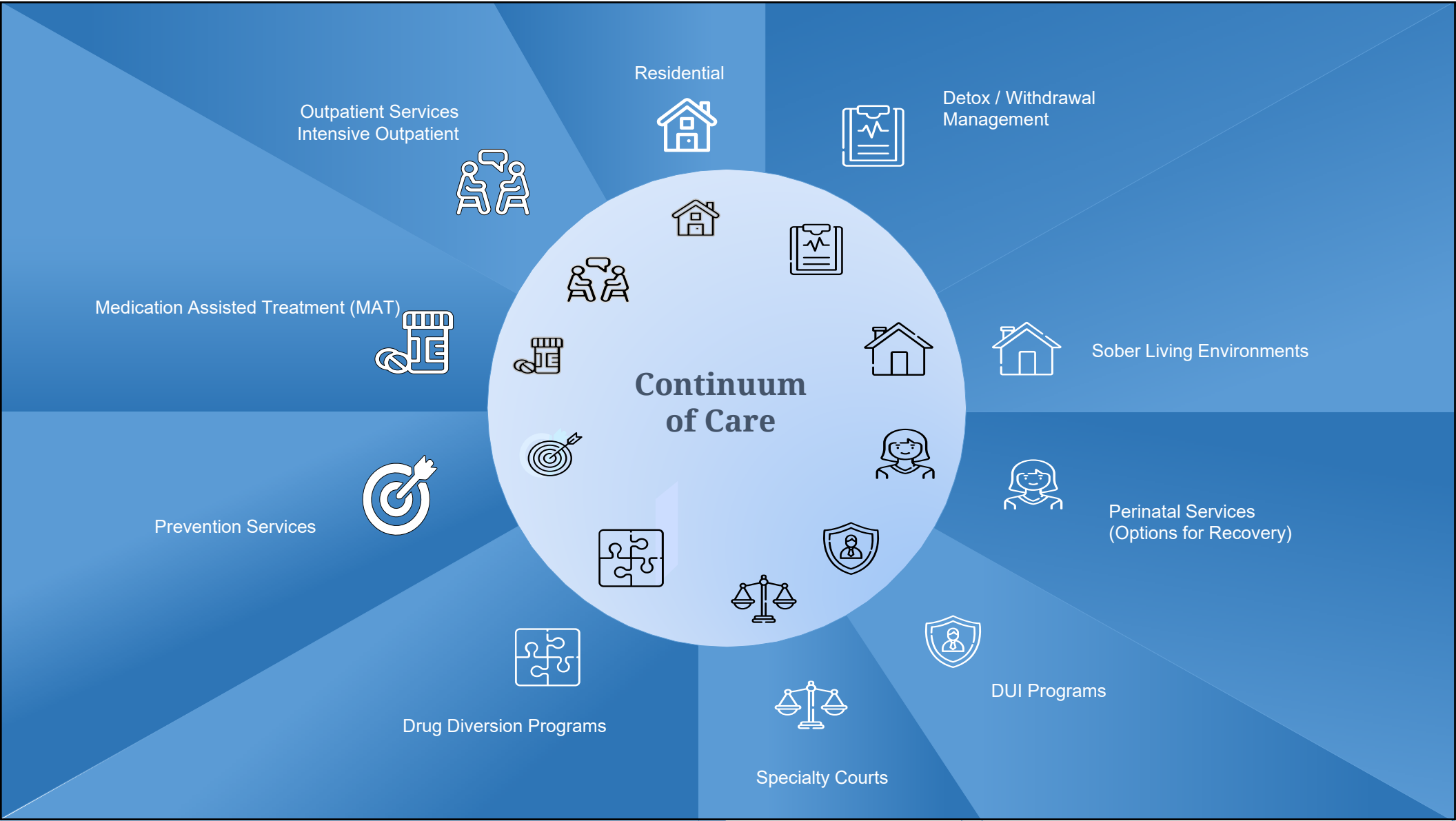


Meth/Fentanyl Deaths: May 2020 - May 2021

Number of Combination Meth and Fentanyl Deaths by Age and Gender



Source: Sacramento County Coroner's Office



Residential



Detox / Withdrawal Management



Outpatient Services
Intensive Outpatient



Medication Assisted Treatment (MAT)



Sober Living Environments



**Continuum
of Care**



Perinatal Services
(Options for Recovery)



Prevention Services



DUI Programs



Drug Diversion Programs



Specialty Courts

Collaborative Courts & Programs

- Collaborative courts are geared towards improving justice system outcomes by focusing on underlying problems, such as mental health issues or SUDs.
- Collaborative justice principles include a multidisciplinary team approach with involvement from the court, attorneys, law enforcement, probation, and service agencies to address offenders' complex social and behavioral problems.
- Each court operates slightly differently with varying eligibility criteria, requirements, length, sanctions and incentives, services, and graduation criteria.
- Please visit <https://www.saccourt.ca.gov/criminal/collaborative-courts.aspx>

Collaborative Courts & Programs

- Recovery Court
- Chronic Nuisance Offender (CNO) Program
- Driving Under the Influence (DUI) Treatment Court
- Drug Diversion Program/Mental Health Diversion
- Family Treatment Courts
 - Dependency Family Treatment Court
 - Early Intervention Family Treatment Court
- Prop 36 Court
- Mental Health Treatment Court (MHC)
- Re-Entry Court
- Veterans Treatment Court (VTC)



SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

Visit: <https://saccoprobation.saccounty.net/CourtServices/Pages/CollaborativeCourts.aspx>



Jail Diversion Treatment and Resource Center

Partners

- Sacramento County Probation
- Office of the Public Defender
- Behavioral Health Services (Mental Health and Substance Use Prevention and Treatment)
- Superior Court of California
- Department of Human Assistance
- Correctional Health Services
- Sacramento Sheriffs Office

Assessments

- Mental Health
- SUD

Other Services

- Onsite Men and Women's Support Group
- Pre-Trial Support Services
- Record Cleaning

Programs and Referral Services

- Legal Help
- Medi-Cal and Cal-Fresh
- Incentive Program
- Clothing Closet
- Employment Services
- Social Security Linkage



Methamphetamine Residential and SURE Center Respite

- Innovative Wellspace Health and Sacramento County collaboratives.
- Residential treatment and linkage specific to stimulant use disorder.
- Pilot with hopes of expansion; includes medications for meth.
- SURE center: up-to 23 hours of respite, assessment, and linkage to care.
- Hospital EDs, law enforcement, homelessness, and other social services refer to SURE.

Meth Coalition



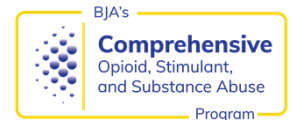
METHAMPHETAMINE COALITION
Together, We Change Lives

WHO WE ARE

The Sacramento County Methamphetamine Coalition is a collaboration of healthcare professionals, community-based organizations, law enforcement, County agencies, and concerned citizens determined to combat the growing local crisis of methamphetamine use and addiction.

OUR MISSION

We are committed to changing lives by preventing methamphetamine use and addiction through increasing awareness, expanding treatment access, promoting prevention messaging, encouraging early intervention, treatment and recovery, and enhancing and expanding public education and media outreach.



Meth Coalition Strategic Plan Goals

Goal 1

- Increase access to accurate data related to methamphetamine.

Goal 2

- Secure ongoing funding to support the efforts of law enforcement, criminal justice, child protective services, treatment and prevention to address methamphetamine abuse.

Goal 3

- Increase access to treatment for individuals abusing methamphetamine.

Goal 4

- Enhance prevention and treatment efforts to address methamphetamine; increase community capacity and treatment options for people abusing methamphetamine.

Goal 5

- Increase public awareness and professional knowledge about methamphetamine.

Addressing Meth and Opioids Through Justice Partnerships

Criminal Justice Reform Committee of the Alcohol and Drug Advisory Board



Law Enforcement-Sacramento Police Department (SURE Program)



Sacramento Sheriff's Office (Re-entry Services, In-custody SUD treatment services)



Sacramento Superior Court/Public Defender, District Attorney (Collaborative Courts, Chronic Nuisance Offender Programs, Pre-Trial Programs)



Probation (Jail Diversion Programs, Collaborative Courts, Reentry Services)



High Intensity Drug Trafficking Agency (Overdose Mapping partnership project).



US Attorney's Office (Coalitions and events)

Meth Coalition Subcommittees

Enforcement	Engaging the Medical Community	Prevention and Treatment	Public Education and Media	Special Populations
<ul style="list-style-type: none"> ▪ Increase public awareness and professional knowledge about methamphetamine. ▪ Explore law enforcement-led, community prevention education strategies. ▪ Strengthen collaboration with communities to reduce use of methamphetamines within the area served by the Coalition. 	<ul style="list-style-type: none"> ▪ Enhance systems and processes that improve access to health care. ▪ Examine occurrence and public health impacts of methamphetamine. ▪ Provide support for participation in activities that reduce risk for methamphetamine use and addiction. 	<ul style="list-style-type: none"> ▪ Expand referral network of substance use disorder and treatment providers. ▪ Reduce stigma associated with methamphetamine addiction. ▪ Improve treatment and recovery options by creating seamless transitions within levels of care. 	<ul style="list-style-type: none"> ▪ Educate community members about the dangers of methamphetamine. ▪ Develop online resources for community members on accessing available treatment options. ▪ Conduct outreach to stakeholders and policymakers on the local, state and national level regarding methamphetamine issues. 	<ul style="list-style-type: none"> ▪ Improve protective factors for homeless, perinatal, youth, seriously mentally ill, sex workers, people of color, and LGBTQ. ▪ Research and address use, addiction and treatment considerations for special populations. ▪ Identify best practice guidelines related to methamphetamine use.

Real Stories

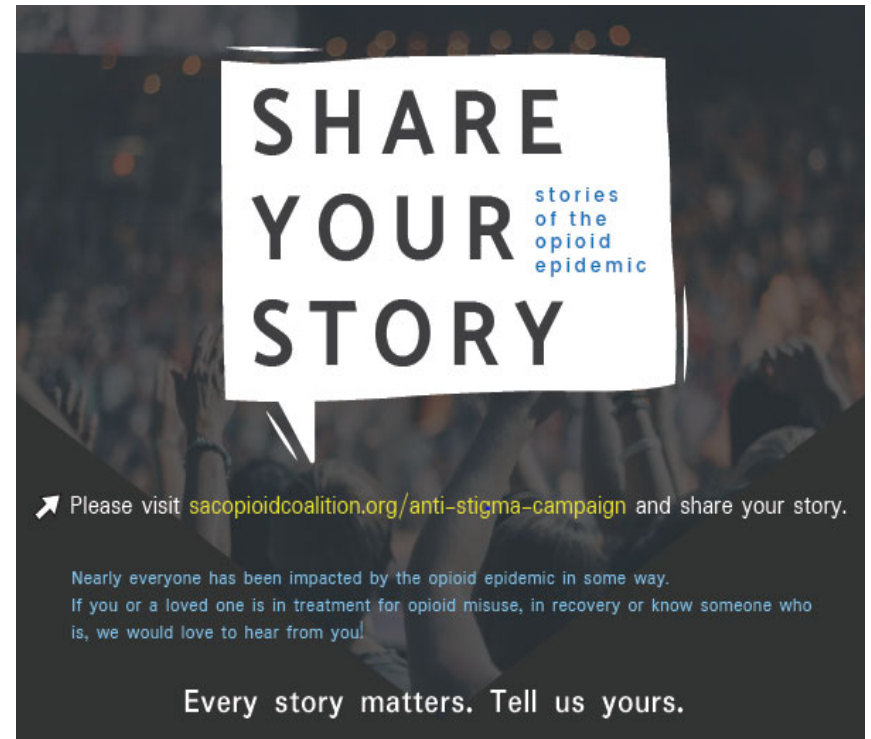


**SHARE
YOUR
STORY** stories of the **Meth** epidemic

👉 Stories can be sent confidentially to DHS-SUPT@saccounty.net.

Beyond its devastating effects on individual health, methamphetamine use threatens whole communities. If you or a loved one is in treatment for methamphetamine use, is in recovery, or knows someone who is, we want to hear from you!

Every story matters. Tell us yours.



**SHARE
YOUR
STORY** stories of the opioid epidemic

➔ Please visit sacopioidcoalition.org/anti-stigma-campaign and share your story.

Nearly everyone has been impacted by the opioid epidemic in some way. If you or a loved one is in treatment for opioid misuse, in recovery or know someone who is, we would love to hear from you!

Every story matters. Tell us yours.

Methamphetamine Outreach Campaign



- In 2019, Sacramento County Substance Use Prevention and Treatment Services developed a 12-month comprehensive digital outreach campaign with Uptown Studios: **Let's Talk Meth**.
- The purpose of the campaign is to decrease methamphetamine use in Sacramento County while increasing enrollment in substance use prevention and treatment (SUPT) programs.
- **Let's Talk Meth** will track successful SUPT treatment program completions and stigma reduction.
- Launched in November 2020, **Let's Talk Meth** targets people struggling with methamphetamine use and their support systems and includes a website and toolkit for use by community members, partners, and stakeholders.

Opioid Coalition

Collaboration of healthcare professionals, community-based organizations, law enforcement, county agencies, and concerned citizens committed to saving lives by preventing overdoses through expanding treatment access; promoting safe disposal; encouraging early intervention, treatment, and recovery; enhancing opioid surveillance; and expanding public education and media outreach.

- Convened in 2016
- Quarterly meetings
- More than 290 Coalition members

Visit www.sacopioidcoalition.org



Addressing the Fentanyl Crisis



1 PILL CAN KILL

WE HAVE AN EPIDEMIC IN OUR COMMUNITY - IT'S CALLED FENTANYL

MORE PEOPLE IN SACRAMENTO ARE DYING FROM FENTANYL POISONING THAN GUN VIOLENCE!

98% of tested street pills are fake, 98% of those pills contained fentanyl.

Deadly Fentanyl can hide anywhere

POWDER **PILLS** **DEADLY DOSE**

Signs of an Opioid Overdose

- Blue lips or nails
- Choking/snoring sounds
- Dizziness and confusion
- Can't be woken up
- Slow or no breathing
- Difficulty staying awake

Suspect an overdose? | **Call 9-1-1** | Administer **NALOXONE** if available. **Stay** with the person until help arrives.

1PILLCANKILLSAC.COM



SACRAMENTO
COUNTY

BJA's
Comprehensive
Opioid, Stimulant,
and Substance Abuse
Program

Addressing the Fentanyl Crisis: Events

Sacramento County District Attorney's Office in partnership with Sacramento County Department of Health Services, Substance Use Prevention and Treatment Services.

FENTANYL AWARENESS SAFETY FAIR

1 PILL CAN KILL

97% of tested street pills are fake, 97% of those pills contained fentanyl.

MORE PEOPLE IN SACRAMENTO ARE DYING FROM FENTANYL POISONING THAN HOMICIDE!

NARCAN demonstration and kit giveaway. **LEARN HOW TO SAVE A LIFE!**

Connect with community resources.

Date and Time: **Saturday November 6 11:00am - 2:00pm** Location: **State Capitol North Lawn**

Enjoy local food. **Food Trucks** Free prizes. **Gift Card Giveaway!**

  1PillCanKillSac.com/Events

1 PILL CAN KILL

Fentanyl Awareness Virtual Town Hall

FREE EVENT

THURSDAY, JANUARY 27 5:00pm - 6:30pm

Streamed live via YouTube

Visit 1PillCanKillSac.com/Events for livestream link

THE FACTS

98% OF THE MOST COMMON STREET PILL TESTED ARE FAKE

98% OF THOSE TESTED CONTAINED FENTANYL

LEARN HOW TO SAVE A LIFE

FREE NARCAN DEMONSTRATION

GUEST SPEAKERS INCLUDE:

- HEALTH OFFICIALS
- ELECTED OFFICIALS
- LAW ENFORCEMENT
- IMPACTED FAMILIES

 Sacramento County District Attorney's Office in partnership with Sacramento County Department of Health Services, Substance Use Prevention and Treatment Services. 

Criminal Justice Reform Committee

Formed in 2019, the purpose of the Criminal Justice Reform Committee (CJRC) is to address issues facing the justice system and its partners. The CJRC seeks to improve the administration of multisystem services to individuals involved with the justice system who have behavioral health concerns, while promoting public safety. The CJRC will also review and may make recommendations for SUD-related policies and procedures for individuals involved with the justice system.

- CJRC includes representatives from:

Sacramento County Substance Use Prevention & Treatment Services

Sacramento County Behavioral Health Services

Sacramento County Sheriff Department

Sacramento County Office of Public Defender

Sacramento County Office of District Attorney

Sacramento County Probation Department

Sacramento County Correctional Health Services

Sacramento City Police

Sacramento County Treatment Providers

Alcohol and Drug Advisory Board Members

Criminal Justice Reform Committee

Goals

- Build community capacity to provide wraparound SUD/behavioral health services to individuals involved with the justice system.
- Develop strategies to reduce inmates with SUD/behavioral health issues in Sacramento County.
- Develop strategies to reduce recidivism.
- Develop strategies to address homelessness among individuals involved with the justice system.
- Evaluate effectiveness of the criminal justice network in partnership with the county, community organizations, and site level services.

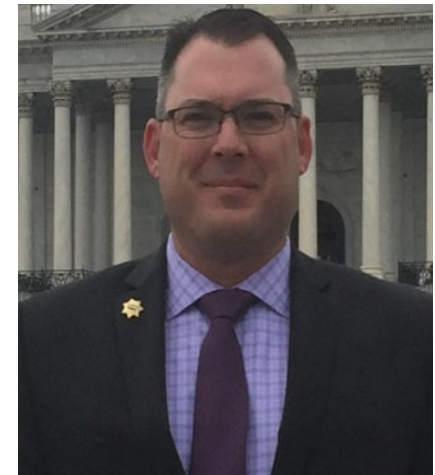
Screening and Risk/Need Assessments in Jail Facilities

A Criminal Justice Collaboration for Innovative Incarceration

Presenter

Lieutenant Brad Rose

- Reentry Services Unit Commander.
- 22-year law enforcement veteran, served as a Street Level Narcotics Detective, Major Narcotics Detective, a Task Force Officer for the Drug Enforcement Administration.
- Nationally recognized subject matter expert in corrections-based treatment including MAT for individuals with opioid and alcohol use disorders.



Brief History of Crime and Punishment

First prison is built

Henry II ordered the construction of the first prison to hold offenders until the actual punishment could be carried out. This was usually in the form of capital punishment using a variety of methods to claim the lives of condemned individuals.

1215

First United States Penitentiary Built

The Walnut Street Jail in Philadelphia is built and later converted to a penitentiary to reduce crime using solitary confinement. Overcrowding soon made this impossible.

1773

2011

Assembly Bill 109

The California Public Safety Realignment Act recognizes the failures of the State Prison System in reducing recidivism. The legislation creates County Jail Prisons to begin housing “non-serious, non-violent” offenders. Funding for reentry services in Sacramento County increases.

Risk Assessed Sentencing is Piloted

Beginning in early 2020, the idea of using risk and needs assessments in sentencing to route offenders to custody-based programming is piloted in Sacramento County.

2020

1166

Magna Carta Signed

King John signed the Magna Carta, which stated that no man could be imprisoned without trial.

The Problem

Incarceration as punishment has been proven ineffective.

Incarceration with participation in comprehensive programming for successful community reentry is working.

Public safety: Lower recidivism rates mean lower crime rates.

Board of State and Community Corrections (BSCC) established a 3-year standard timeframe for recidivism and defines it as:

- New conviction within 3 years of release from custody
- or
- New conviction within 3 years of placement on supervision

Risk/Needs Assessments are Part of the Solution

SMART Justice Reform

~~Evidence-Based~~ **Research-Informed**

Data-Driven

Risk/Needs Assessments are Part of the Solution

Risk/needs assessments in custody have historically focused on reentry programming plans for individuals who are sentenced.

Use of screening and assessment tools allows reentry planning to start at booking.

Role of risk/needs assessments for pretrial defendants:

- To inform decisions about incarceration of higher-risk offenders
- To inform decisions about the release of lower-risk offenders
- To inform decisions about interventions to reduce offender risk

Screening and Assessment Tools Used In Our Jail Facilities

Public Safety Assessment

Level of Service/Case Management Inventory (LS/CMI)

Correctional Mental Health for Men and Women

Texas Christian University Drug Screen 5

Brief Jail Mental Health Screen

Addiction Severity Index

University of Rhode Island Change Assessment

American Society of Addiction Medicine

Risk/Needs Assessments Inform Programming Decisions

Through collaborative partnerships, the Sheriff's Office already provides rehabilitative vocational, educational, and treatment services to individuals involved with the justice system. We have an opportunity to identify needs and start services in custody that promote successful outcomes in court and in the community.

Treatment

- Residential Substance Abuse Treatment (RSAT)/Hungry, Angry, Lonely, or Tired (HALT)
- Comprehensive Reentry Program
- Protective Custody Programming

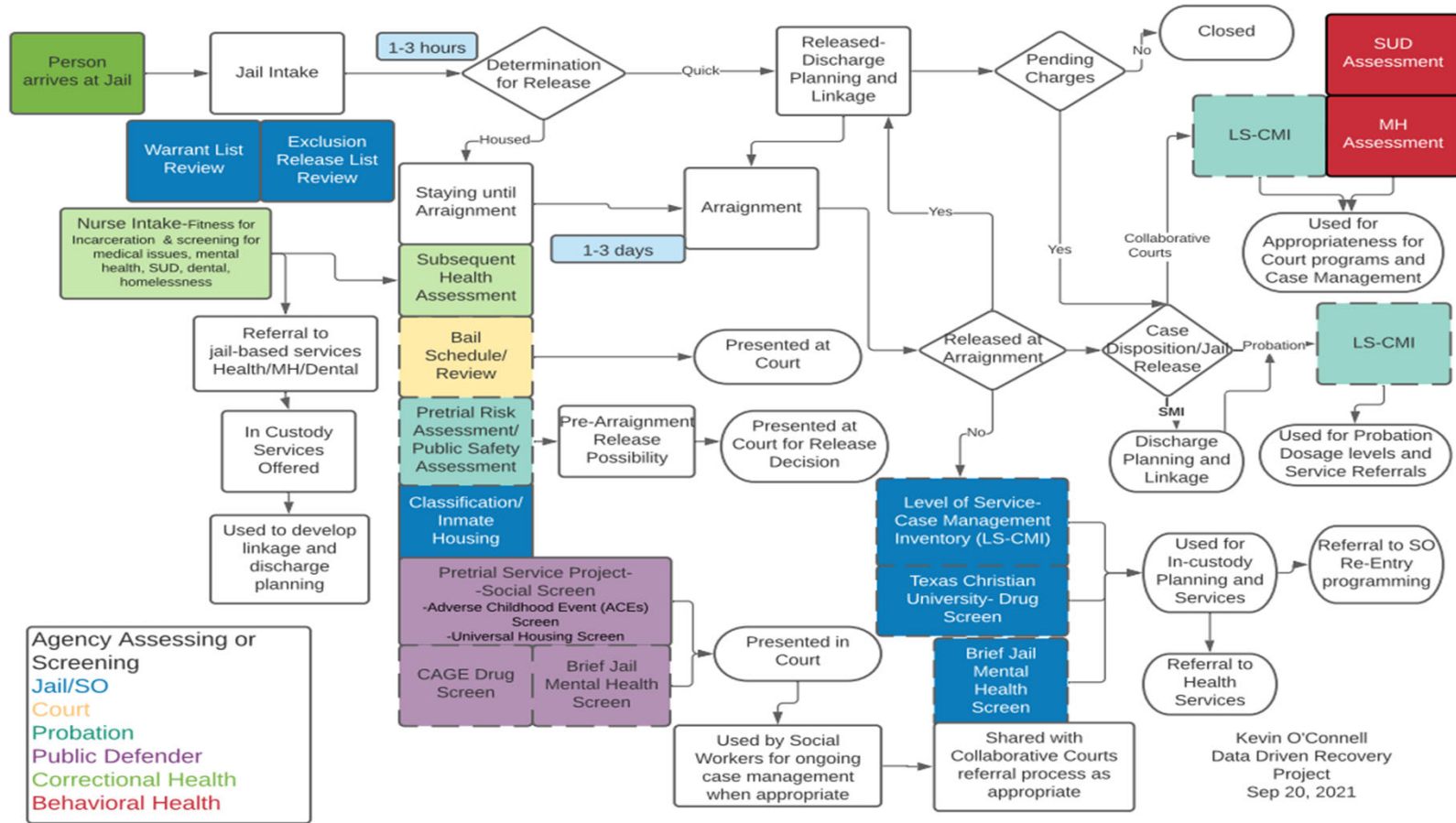
Vocational

- Automotive
- Construction
- Landscaping
- Welding
- Culinary Arts
- Bee Keeping
- Graphic Arts/Design
- Barista Training

Education

- Adult Basic Education
- High School Equivalency
- English as a Second Language

Screening and Risk/Needs Assessment Flow



Kevin O'Connell
Data Driven Recovery Project
Sep 20, 2021

LS/CMI Risk and Needs Assessments Provide:

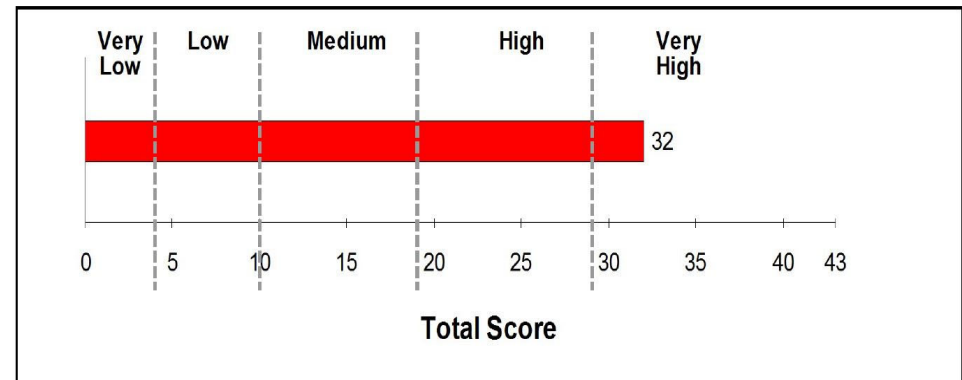
- 1 Overall risk score
- 2 Probability of recidivating
- 3 Dynamic and static risk factor scoring
- 4 Scoring that changes through repeated assessments, as skills and strengths are built
- 5 A roadmap for appropriate programs

Overall Risk Scoring

- **General Risk/Needs Total Score provides a research-informed look at the individual.**
- **Research in scoring assists in determining who is appropriate for programming.**
- **Overall score also identifies necessary dosage hours of programs.**

LS/CMI General Risk/Need Total Score

The graph below displays [REDACTED]'s General Risk/Need Total score and indicates the classification level associated with that score.



Who is Right for Programming?

- Not everyone is appropriate for rehabilitative and treatment programs.
- Data and research show those who are mid-range to high risk are the most responsive to programming.

Low Level

0-10

Overall Risk Score

Mid-Range to High Risk

11- 29

Overall Risk Score

Very High Risk

30-43

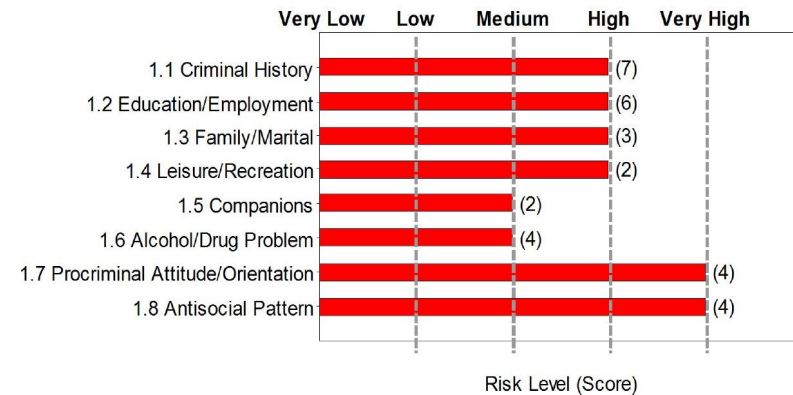
Overall Risk Score

Subcomponent Risk Scoring

- Subcomponent Risk Scoring provides individual criminogenic factors shown to increase a person's likelihood of recidivating.
- These individual scores also provide a research-informed look at the person and assists in determining who is appropriate for specific intervention and/or treatment programming opportunities.

Assessment of General Risk/Need Factors

The graph below displays [REDACTED]'s risk level for each General Risk/Need subcomponent.



Static Risk Factors

Static Risk Factors cannot be changed through intervention.

Examples:

Criminal History/Prior Arrests

Age

Gender

Dynamic Risk Factors

Dynamic Risk Factors
are changeable
through intervention.

Examples:

Education/Employment

Family/Marital Relationships

Leisure/Recreation Activities

Companions/Antisocial Peers

Substance Use

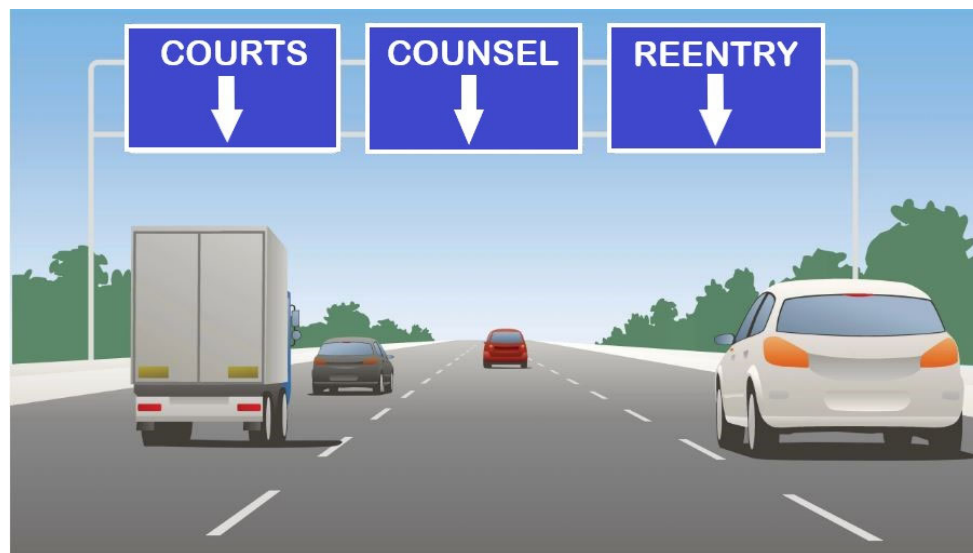
Pro-criminal Attitude

Antisocial Pattern/Behavior

**Criminal charges are not effective in
determining appropriate programs or level
of dosage hours.**

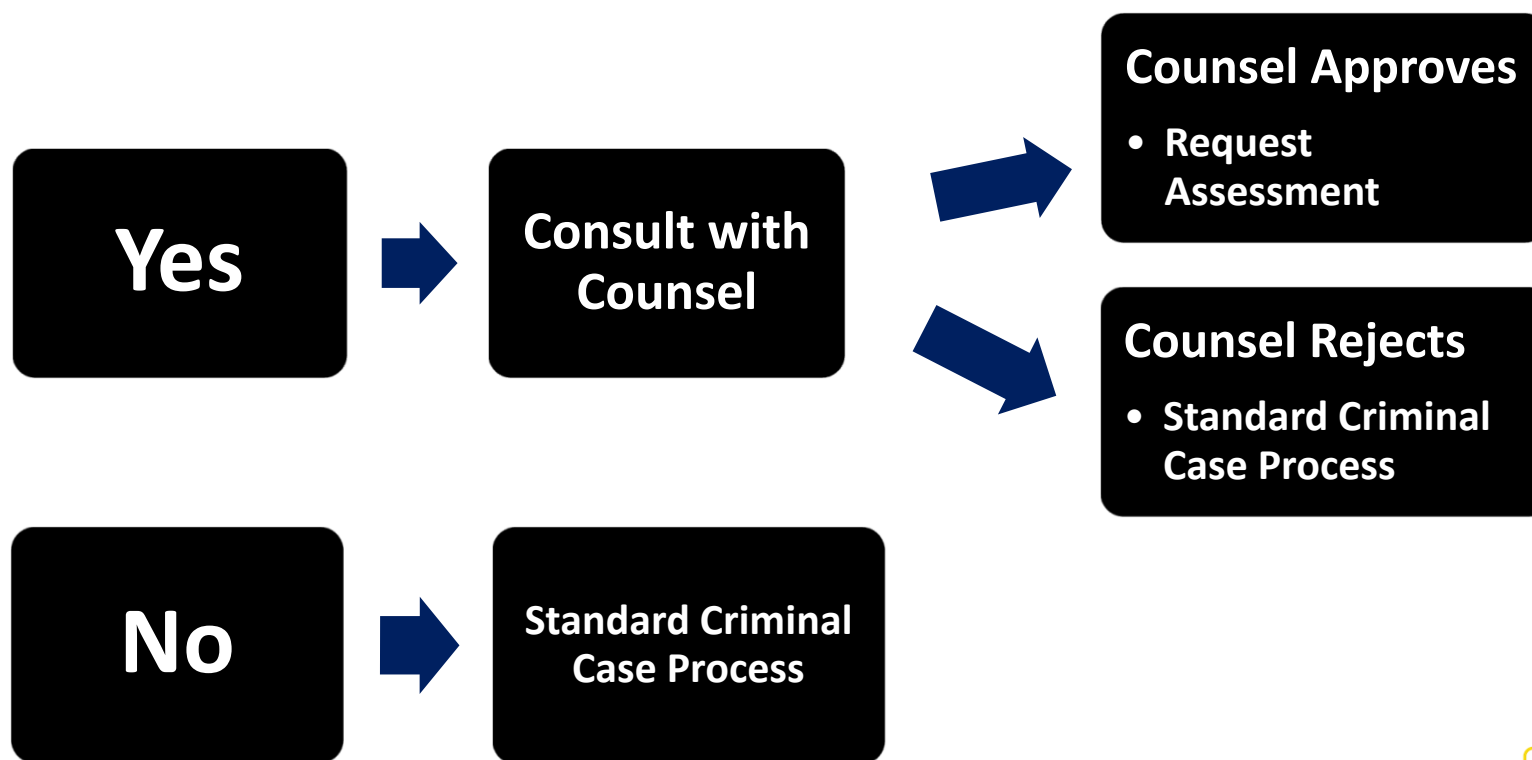
Dedicated Roles

Each justice partner has a distinct role in the Risk and Needs Assessment Process for individuals who are pretrial.



Pretrial Risk/Needs Assessment

Is the defendant qualified and willing?



Why Custody-Based Pretrial Assessment and Programming?

Custody-based programming (in Sacramento County) provides a proven track record of success.

Pretrial time in custody presents a service opportunity to improve the probability of individuals successfully returning to the community.

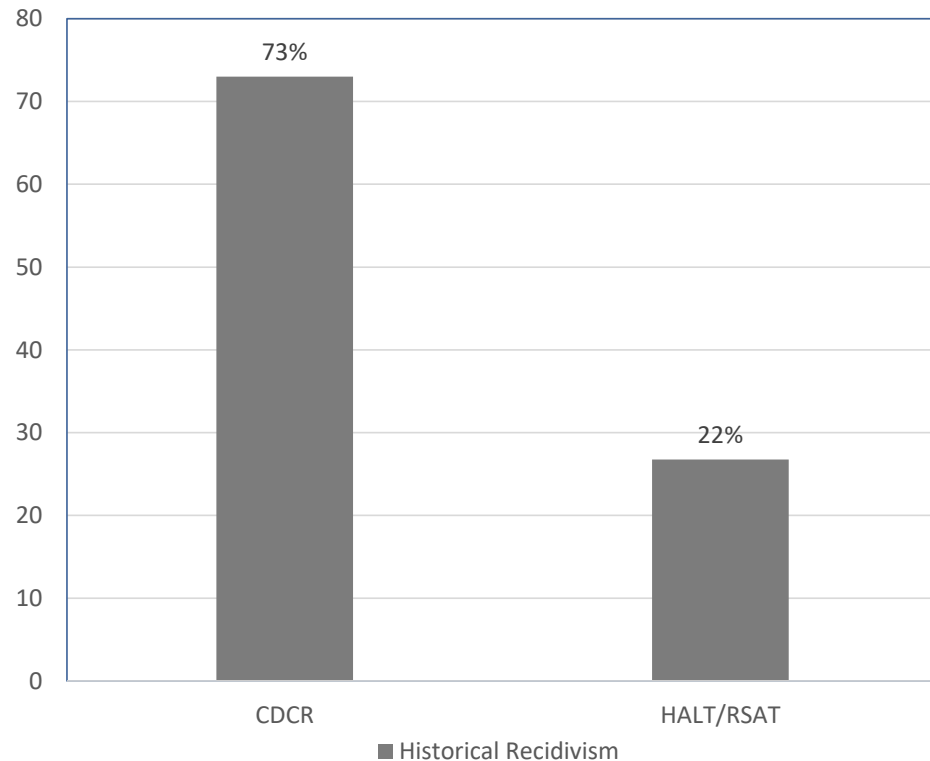
Barriers to services for those in custody are greatly reduced or eliminated.

Common barriers that exist outside of custody include:

- Transportation
- Social influences
- Environmental obstacles
- Relapse
- Motivation swings
- Support-system separation
- Absence of sanctions and incentives

The Results of Effective Programming

As an example of successful custody-based programming in Sacramento, the recidivism rate for those who have gone through prison is more than twice the recidivism rate for those who have gone through the Jail Reentry HALT/RSAT Program that builds services for the individual using the LS/CMI and other tools.



*Note: HALT/RSAT recidivism rate for female participants is 9%

Next Steps

Collaborative Planning and Implementation

Work out operational details that would ensure continuity of care until and potentially after the criminal case is resolved.

WellSpace Health's Co-occurring Continuum

Presenter

Kathrina Cauckwell-Rafferty, LCSW

- Co-occurring Continuum Director.
- Oversees all SUD treatment operations for WellSpace Health programs.
 - Criminal justice programs
 - Withdrawal management
 - Residential, outpatient, and MAT services



Presenter

Graham Sargent, CADAC-II-ICADC-ICCJP

- Reentry and Recovery Courts Program Manager.
- Criminal Justice Program Manager for WellSpace Health.
- Trained Key Supervisor for the Matrix Model.
- Clinically Trained Interventionist.
- Board Member of the California Consortium of Addiction Programs and Professionals.
- Oversees treatment teams for re-entry programs and Recovery Court.

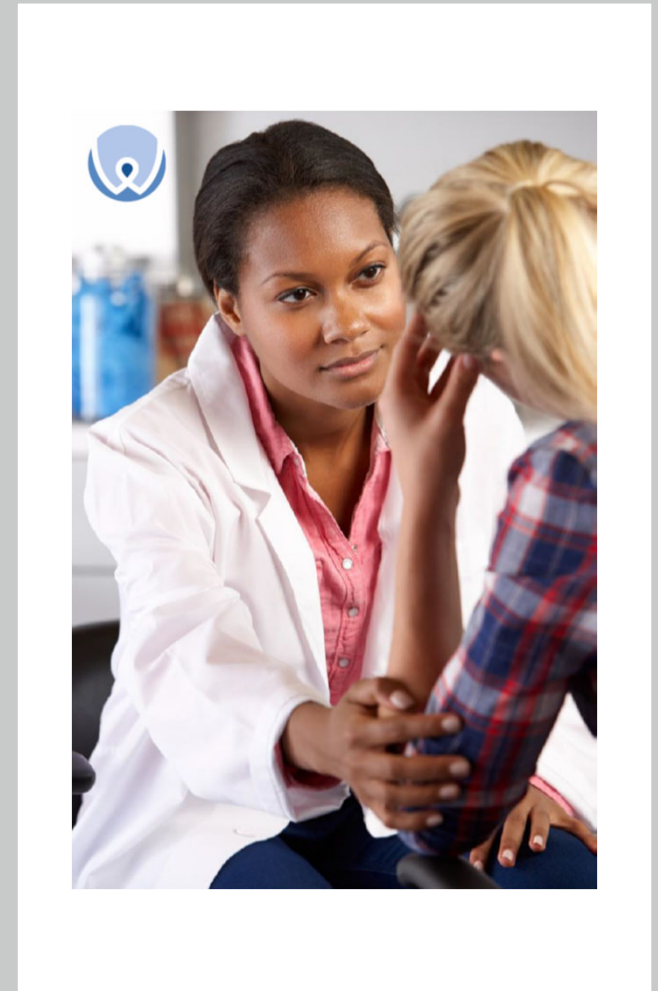


WellSpace Health

- Founded in 1953
- Non-profit 501(c)(3)
- Federally Qualified Health Center (FQHC)
- Behavioral Health System

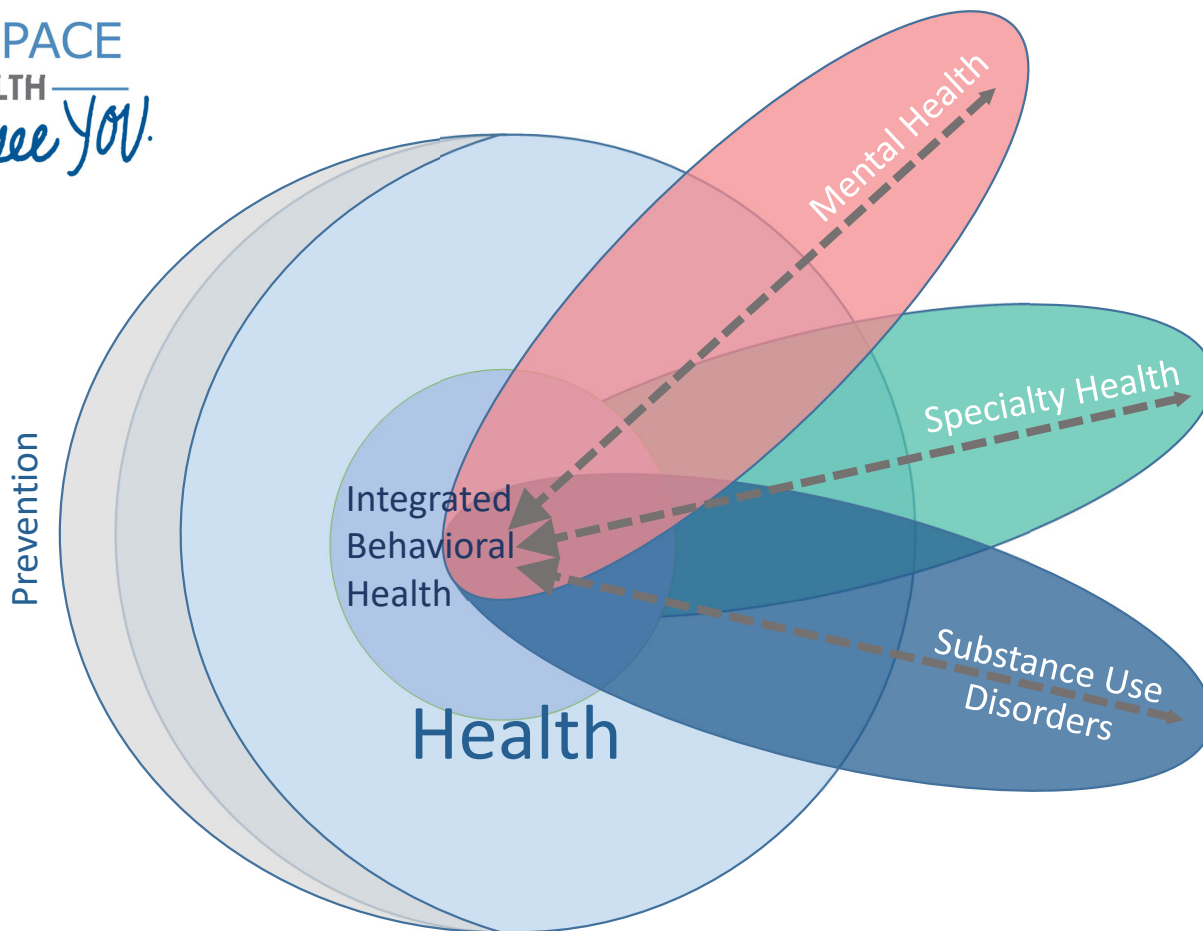
Mission

Achieving regional health through high quality comprehensive care.



Programs & Services (Partial List)

- Primary Care
- Immediate Care
- Pediatrics
- Dental Care
- **Behavioral Health**
- Women's Health
- Health Education
- Sweet Success
- Suicide Prevention & Crisis Line
- Interim Care Program
- Sacramento Violence Intervention Program
- **Substance Use Disorder Treatment**
- Birth and Beyond Family Resource Center
- Intensive Case Management
- Housing Tenancy and Sustaining Services
- **Criminal Justice – Involved Programs**





The Joint Commission

Ambulatory Care Accreditation
Behavioral Health Accreditation
Patient Centered Health Home Certification
Behavioral Health Home Certification



HRSA Quality Improvement Awards

Improving Quality of Care Award
Advancing Health Info Tech for Quality
Patient Centered Medical Home Recognition



American Association of Suicidology

Crisis Center Accreditation



Co-Occurring Continuum of Care

- WellSpace Health, previously known as The Aquarian Effort, has provided evidence-based treatment of addiction since 1969.
- Integrated Behavioral Health, withdrawal management, residential treatment, outpatient treatment, intensive outpatient, perinatal outpatient, medication assisted treatment, mental health treatment.
- Accredited by The Joint Commission for Behavioral Health and certified by The Joint Commission as a Behavioral Health Home.

Substance Use Respite & Engagement (SURE)

- Innovative program launched in October 2020 to provide respite and engagement to people acutely intoxicated on all drugs, including methamphetamine.
- Believed to be the first all-drug sobering center in California.
- In partnership with Sacramento County System of Care, certain patients may be referred directly into county treatment services.
- In Spring 2021, 22% of patients on methamphetamine were referred directly into treatment services.

Co-occurring Continuum Residential Program



Withdrawal Management (Detox)

- 7 Beds, co-ed
- 7-14 days, medication-assisted

Residential Treatment

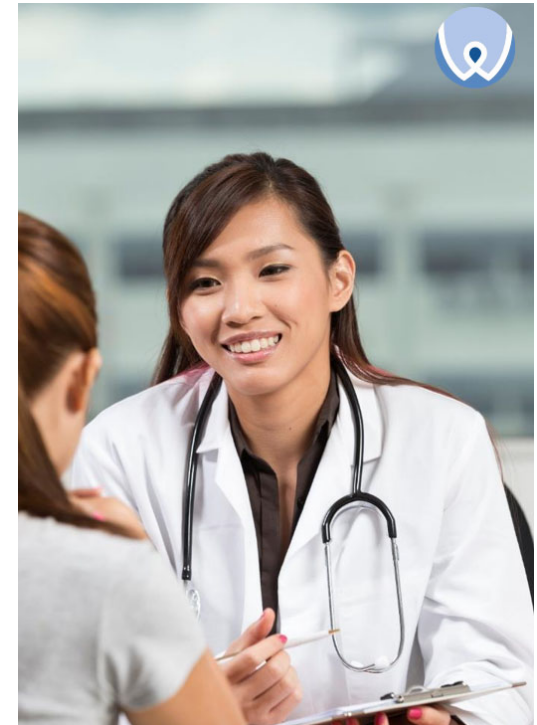
- 42 Beds, co-ed
- Modified Therapeutic Community
- Up to 90 days

Other contracts served

- Ryan White
- El Dorado County
- Yolo County
- Westcare (California Department of Corrections and Rehabilitation-CDCR)
- Federal Pre-trial
- Federal Probation

MAT Services

- ✓ MAT (Suboxone and Vivitrol) to assist patients in treatment for alcohol and opioid use disorders.
- ✓ MAT (Vivitrol with Bupropion) protocol recently created to assist patients in treatment for methamphetamine use disorder.



Methamphetamine Medication Assisted Treatment (MethRx)

- Innovative evidence based medical intervention published in the New England Journal of Medicine.
- Localized and implemented by WellSpace Health.
- Treatment protocols utilize Naltrexone and Wellbutrin.
- Optimizes both FQHC and DMC resources.
- Fills a critical gap in care for patients addicted to methamphetamine.

Comprehensive Methamphetamine Treatment Continuum of Care (CMTCC)

- Substance Use Respite and Engagement Center
- Medically Monitored Withdrawal Management
- Modified Residential Therapeutic Community
- The MATRIX Model for stimulants
- Primary Care and Mental Health Care
- **NEW: Contingency Management (direct + smart phone app)**
- **NEW: Methamphetamine Medication Assisted Treatment**
- **COMING SOON: Oral Health Care Program**

Intensive Outpatient and Outpatient Services

Each location offers group education and counseling, individual counseling, and case management services.

Behavioral Health North

- Intensive Outpatient, Outpatient and Youth Services

Behavioral Health South

- Intensive Outpatient, Outpatient and Perinatal Services

Behavioral Health Midtown

- Outpatient Services



Criminal Justice Programs

- ✓ Rio Cosumnes Correctional Center Reentry Program
- ✓ Sacramento County Main Jail Reentry Program
- ✓ Sherriff's Department Power Program
- ✓ Collaborative Courts
 - ❖ Recovery Treatment Court
 - ❖ DUI Treatment Court
 - ❖ Mental Health Court
 - ❖ Prop 36



Questions?

Contact Information

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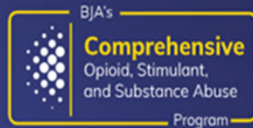
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<https://cossapresources.org/Program/TTA>



COSSAP GRANT PROGRAM

LEARNING OPPORTUNITIES

AREAS OF FOCUS

PUBLICATIONS & DIGITAL MEDIA

PDMP TTAC

SEARCH

TRAINING AND TECHNICAL ASSISTANCE

The COSSAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse.

Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources.

REQUEST TTA

If you are interested in requesting training and technical assistance, please complete the form at <https://www.cossapresources.org/Program/TTA>

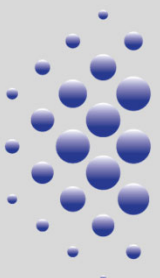


COSSAP Resources

Tailored Assistance—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation’s substance abuse crisis. ***You do not need to be a COSSAP grantee to request support.*** TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at <https://cossapresources.org/Program/TTA/Request>.

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at <https://www.cossapresources.org/Program/Applying>.

Join the COSSAP community! Send a note to COSSAP@iir.com with the subject line “Add Me” and include your contact information. We’ll be happy to ensure you receive the latest-and-greatest COSSAP opportunities, resources, and updates.



BJA's

Comprehensive
Opioid, Stimulant,
and Substance Abuse
Program