

MAT in Jails and Drug Courts Learning Collaborative

Jails and Drug Courts All-Team Quarterly Learning Collaborative

December 13, 2023

WELCOME

Bren Manaugh
12:00 – 12:05 PM

AGENDA

National/State Landscape & Guidance Updates

CARE Act Overview

County Celebrations

Wrap Up & Next Steps

BOARD OF STATE AND COMMUNITY CORRECTIONS (BSCC) COUNTY GRANT OPPORTUNITIES

Residential Substance Abuse Treatment (RSAT) Program

- Eligible Applicants: Counties that operate adult local detention facilities
- Proposals Due: February 2, 2024
- For more information, please visit [this website](#)

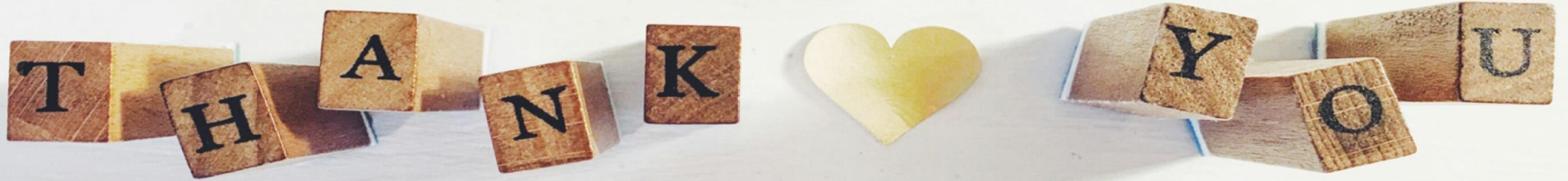
Medication Assisted Treatment Grant

- Eligible Applicants: California Counties
- Proposals Due: February 16, 2024
- For more information, please visit [this website](#)

LATEST APPLICATION WINDOW CLARIFICATION

- Application window was reopened at the end of October through December 15th
- Counties already active in the Jail MAT/Drug Court Learning Collaborative:
 - Do not need to reapply
 - Are not eligible for another implementation grant at this time
 - Can apply for a child welfare and/or juvenile justice stipend (no letters of support required)

Please reach out to MATinCountyCJ@healthmanagement.com with any questions.



THANK YOU TO CAROL CLANCY FOR ALL OF YOUR CONTRIBUTIONS TO THE PROJECT SINCE 2018!

NATIONAL/STATE LANDSCAPE & GUIDANCE UPDATES

Dr. Shannon Robinson, Debbi Witham, and Julie White
12:05 – 12:20 PM

ASAM BUPRENORPHINE CLINICAL CONSIDERATIONS

- Rapid high dose buprenorphine is defined as starting with 8mg or higher
- For mild to moderate opioid withdrawal syndrome during buprenorphine initiation, treatment with buprenorphine greater than 24mg sublingual on **day one** may be considered
- The need for doses up to 32 mg per day for some patients has been recognized since 2004
- Same day extended-release buprenorphine may be considered

OTHER HELPFUL RESOURCES

- [JAMA Network Open: Incidence of Precipitated Withdrawal During a Multisite Emergency Department–Initiated Buprenorphine Clinical Trial in the Era of Fentanyl](#)
- [JAMA Network Open: High-Dose Buprenorphine Initiation in the Emergency Department Among Patients Using Fentanyl and Other Opioids](#)

ASAM/AAAP CLINICAL PRACTICE GUIDELINE ON THE MANAGEMENT OF STIMULANT USE DISORDER (StUD)

- Pharmacotherapies, including psychostimulant medications, may be utilized off label to treat Stimulant Use Disorder (StUD) (**See Recommendations 9-20**)
- When prescribing controlled medications, clinicians should closely monitor patients and perform regular ongoing assessment of risks and benefits for each patient
- Psychostimulant medications should only be prescribed to treat StUD by physician specialists who are board certified in addiction medicine or addiction psychiatry, or physicians with commensurate training, competencies, and capacity for close patient monitoring



[The ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder](#)

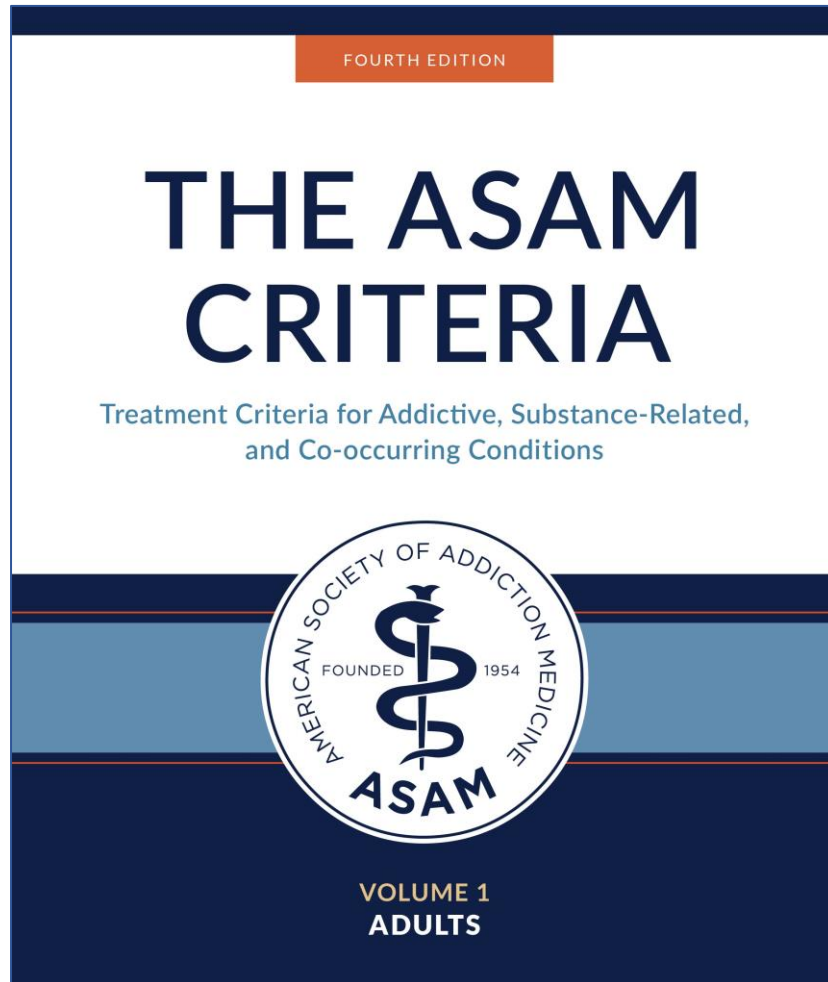
CALAIM UPDATES

- If there are any eligible entities (County BH, Sheriff, Probation) that missed the PATH JI Round 3 application deadline, **it is not too late to apply**. Contact the TPA (justice-involved@ca-path.com) with interest and to obtain instructions.
- The Implementation Plan for PATH 3 is due **180 days from the award notification** - not from receipt of funding - or no later than 3/31/24, **whichever is earlier**. If PATH 3 recipients have concerns, they can reach out to the TPA (justice-involved@ca-path.com)

PATH JI RESOURCES

- [Website: PATH JI Initiative: Justice-Involved Initiative | Medi-Cal Transformation](#)
- [Website: Justice-Involved Capacity Building Program](#)
- [DHCS Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative](#)

ASAM – 4TH EDITION IS HERE!



- Revising the dimensions
 - Defining the subdimensions
- Updating the continuum
 - Improving integration of withdrawal management services (1.7, 2.7, 3.7). Updates to 3.7
 - Removing 3.2
 - Recovery Residences
 - Expanding levels of care within Level 1 Integrating co-occurring capable
- Encouraging improved continuity of care



For more information, please visit the [ASAM Criteria webpage](#)



QUESTIONS?

CARE ACT OVERVIEW

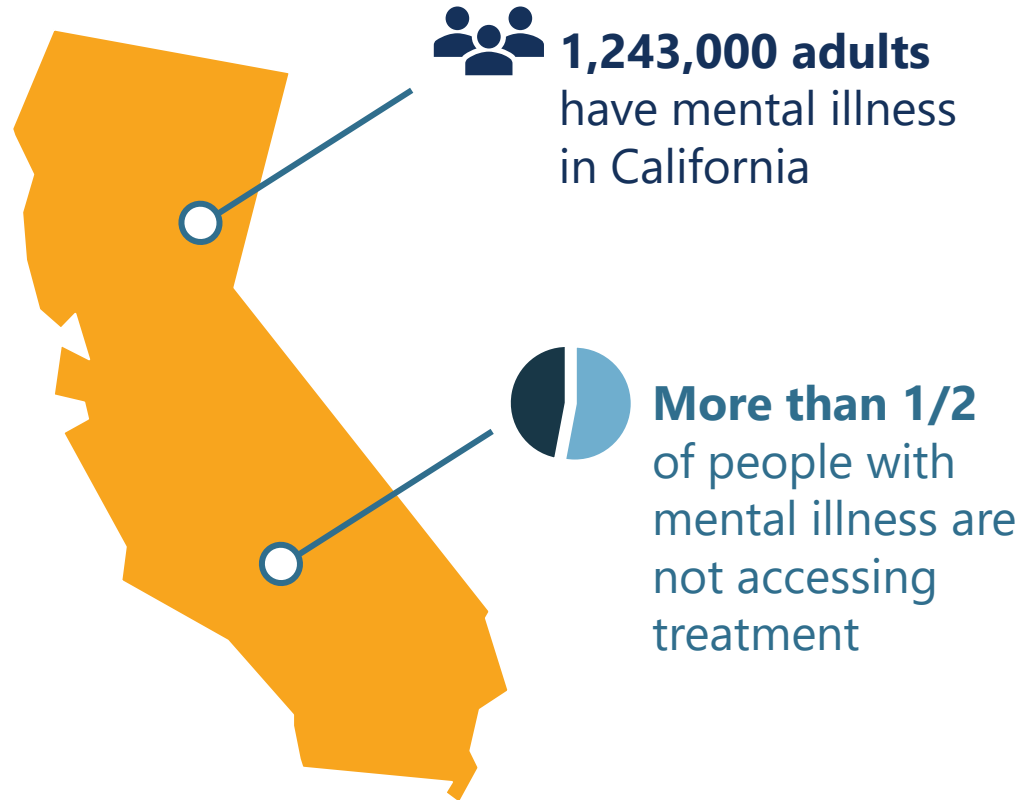
Laura Collins and Carol Clancy
12:20 – 12:45 pm



Community Assistance, Recovery, and Empowerment Act

- Overview of the CARE Act
 - Timeline
 - Eligibility
 - Roles in the CARE Act
 - Referral Pathways
- How is CARE Act Different?
- Lessons Learned
- CARE Act Resources

The “Why” Behind the Community Assistance, Recovery, and Empowerment (CARE) Act



The goal of the CARE Act is to provide services upstream, *before* clients are hospitalized, incarcerated, or placed on a conservatorship.

For more information, visit the [National Alliance of Mental Illness website \(2021\)](#).

CARE Act Overview

Senate Bill (SB) 1338 (chapter 319) established the CARE Act (effective Jan. 1 2023)*

- Provides community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders through a new civil court process

Intended as an upstream intervention for the most severely impaired Californians to prevent avoidable psychiatric hospitalizations, incarceration & Lanterman-Petris-Short (LPS) Mental Health conservatorship

- CARE Act is based on evidence which demonstrates that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings

CARE Court places individuals on a court-ordered care agreement or plan for up to 12-months, with the possibility of 12-month extension

What does the CARE Act do?

- » The CARE Act creates a new pathway to access mental health & substance use disorder treatment and support services to eligible individuals who have untreated schizophrenia spectrum or other psychotic disorders.
- » This pathway is accessed for the individual when a petitioner requests court-ordered treatment, services, support, and housing resources under the CARE Act, for an eligible individual (or “respondent”).

For more information, visit the [Judicial Branch of California website](#).

How CARE Act is Different *from LPS and AOT*

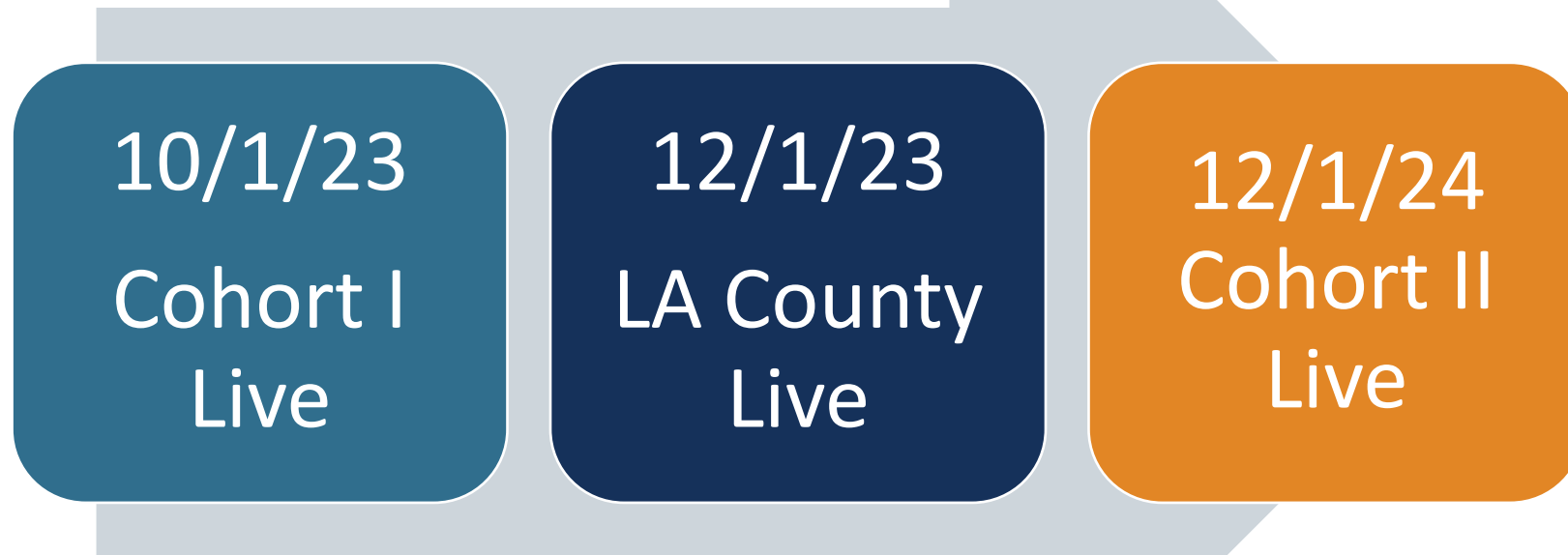
CARE vs. LPS Hospitalization/Conservatorship

- Does **not include custodial settings** or **forced treatment/medications**

CARE vs. Assisted Outpatient Treatment (AOT)/Laura's Law

- May be initiated by a **petition** to the Court from a variety of **people known to the participant**
- **CARE Eligibility** is limited to **specific diagnoses**: Schizophrenia spectrum or other psychotic disorders
- **Multiple prior negative outcomes** are **not required** to be considered
- Consequence of **non-participation**
 - For **AOT** the court **may order a 72-hour hospitalization** for evaluation
 - For **CARE**, the information **may be used to inform future (within 6 mo.) LPS proceedings**

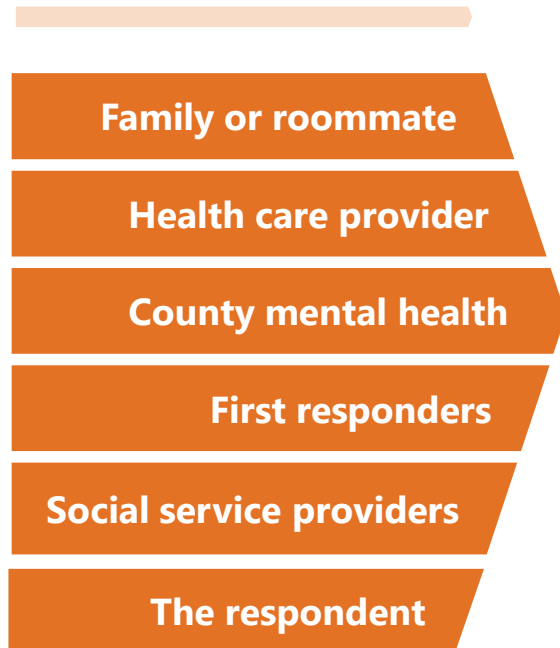
CARE Act Implementation Timeline



CARE Act At a Glance

PATHS IN

Paths **in** for people with untreated psychotic disorders who meet health and safety criteria. A range of people can refer someone to get help.



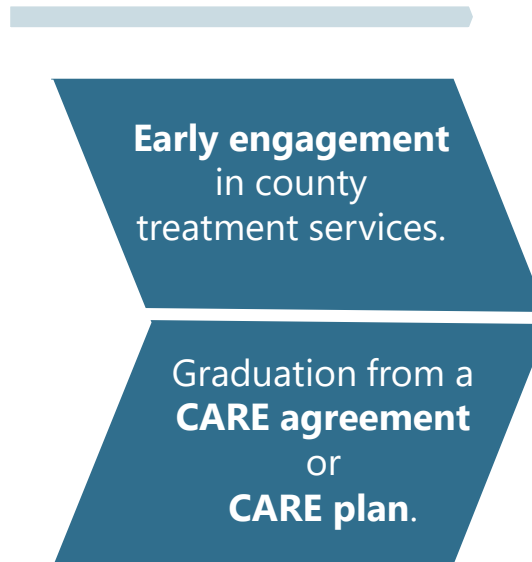
CARE PROCESS

New civil court process to **connect and prioritize** treatment, support services, and housing.



PATHS OUT

There are many paths **out** of the CARE process.

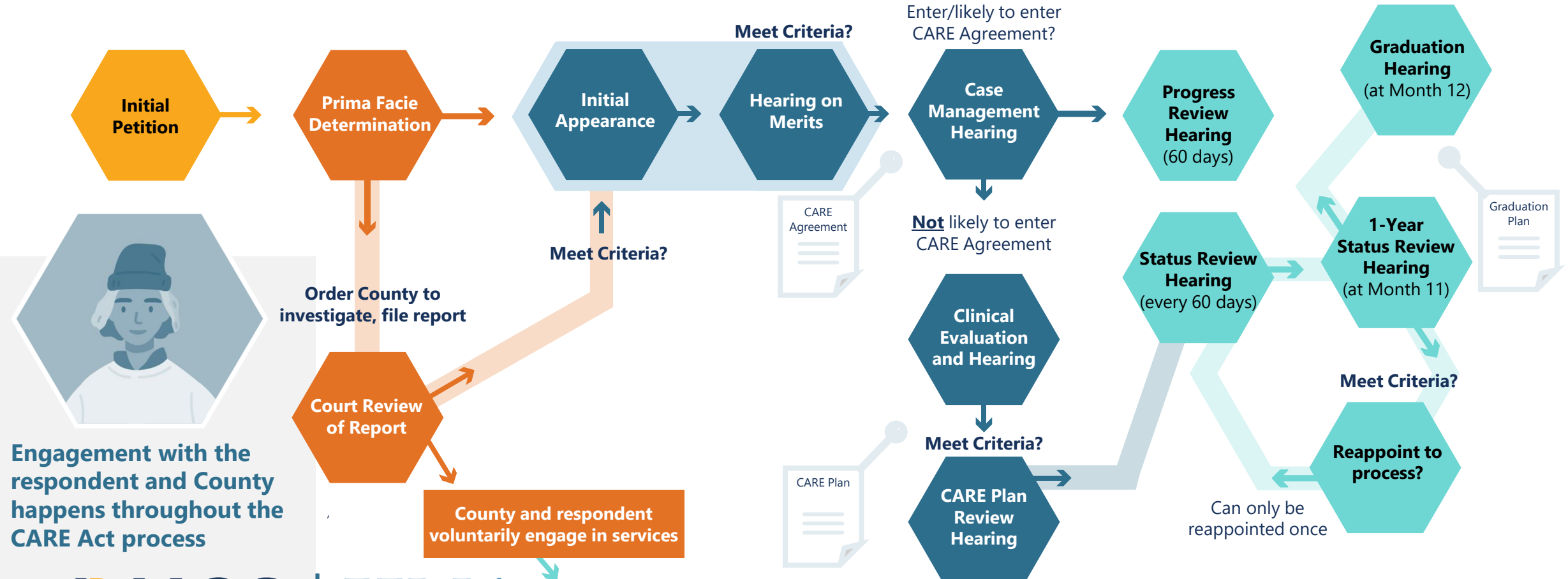


HELP CONTINUES

At the end of the process, help can continue.



Overall CARE Process



Engagement with the respondent and County happens throughout the CARE Act process



CARE dismissed / process ends

Adapted from Los Angeles County's CARE Act Process Map.

Eligibility Criteria

All of the Following

- » 18 years+
- » Experiencing a severe mental illness and has a diagnosis of schizophrenia spectrum or other psychotic disorders
- » Severe and persistent symptoms, interfering with daily functioning
- » Not stabilized with ongoing voluntary outpatient treatment
- » Participation in the CARE Act is the least restrictive alternative
- » Will benefit from participating in a CARE plan or CARE agreement

At least one of the following

- » Unlikely to survive safely and deteriorating
- » Intervention needed to prevent relapse or deterioration

For more information, visit the [2022 California Welfare and Institutions Code – 5972](#).



Eligible Diagnoses

SCHIZOPHRENIA SPECTRUM DISORDERS

- Schizophrenia
- Schizoaffective Disorder
- Schizophreniform Disorder
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

OTHER PSYCHOTIC DISORDERS

- Brief Psychotic Disorder
- Delusional Disorder
- Schizotypal Personality Disorder
- Substance/Medication Induced Psychotic Disorder
- Catatonia Associated with Another Mental Disorder
- Unspecified Catatonia

DIAGNOSES NOT MEETING ELIGIBILITY*

- Psychotic Disorder Due to A General Medical Condition
- Catatonia Associated with Another Medical Condition
- Major Depression with Psychotic Features
- Bipolar Disorder with Psychotic features
- Any Substance Related Disorder not listed above

*Unless accompanying another eligible diagnoses

For more information, visit [the American Psychiatric Association \(2022\) DSM-5 TR](https://www.psychiatry.org/patients-families/dsm-5-tr) and the <https://care-act.org/resource/care-act-eligibility-criteria-fact-sheet/>

Overview of CARE Act Roles



Petitioner



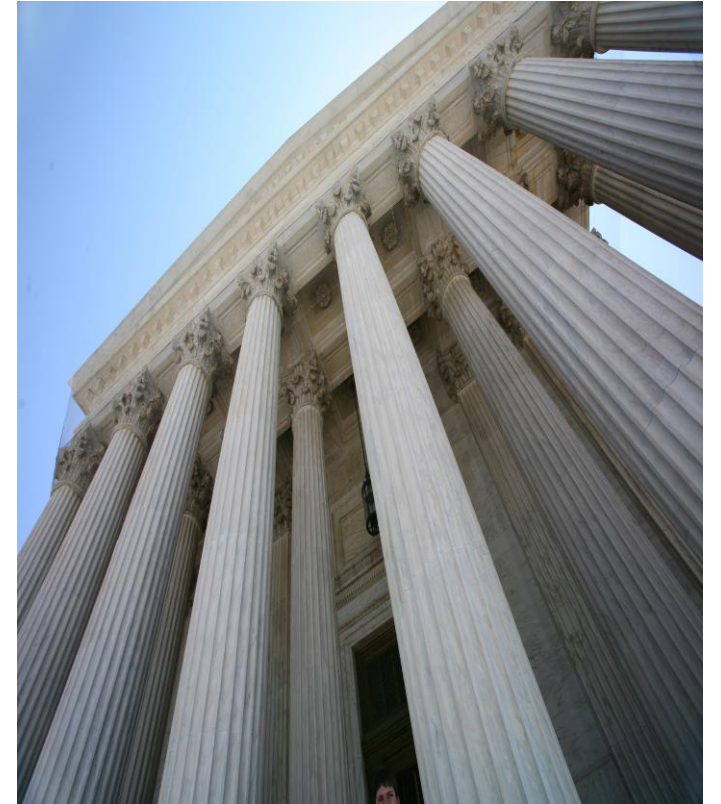
- » A petitioner could include:
 - Family members limited to
 - Parent, spouse, sibling, child or grandparent
 - A mental health professional or other service provider who is treating or has recently treated the client/respondent
 - The director of a hospital in which the client/respondent was recently or is hospitalized
 - The directors of public service agencies, such Behavioral Health (BH), Adult Protective Services (APS), Public Guardian or Public Conservator (PG/PC)
 - A first responder who has had repeated contact with the respondent
 - Homeless outreach worker
 - A roommate/housemate
 - The client/respondent

For more information, visit the [CARE Act Fact Sheet](#) and <https://www.courts.ca.gov/documents/care050info.pdf>

Information for Petitioners

» The petition process

- Complete the required form ([CARE-100 Petition](#)) posted on the Judicial Council website and submit to your county's CARE court.
- When filing, proof of eligibility must be submitted with a declaration ([Form CARE 101](#)) and/or evidence that the respondent received at least 2 periods of intensive treatment (hospitalizations), with one within the last 60 days.



For more information visit: <https://www.courts.ca.gov/documents/care100.pdf> <https://www.courts.ca.gov/documents/care101.pdf>
https://www.chhs.ca.gov/wp-content/uploads/2023/09/CAREActResourcesForPetitioners_R3.pdf

Court Referrals to CARE Act

Additional *Referral* Pathways

AOT Court	<ul style="list-style-type: none">• Individuals in AOT proceedings• County BH Director or designee is the petitioner
Criminal Court	<ul style="list-style-type: none">• Misdemeanor IST• An eligible petitioner
LPS Court	<ul style="list-style-type: none">• Conservatorship• The conservator is the petitioner

Lessons-Learned thus far in the CARE Process



Courts and counsel using the Collaborative Court model for CARE (varies by county and specific court)



Cross-system communication & coordination to promote engagement with the respondent

- Public Defenders coordinating with county BH regarding the initial contact, engagement activities and respondent requests



Building the team

- Both County BH and Public Defender teams incorporating clinical staff/peers into their team to assist with engagement

Collaboration is Key

CARE Act Resources

- » Go to our [CARE-Act.org](https://www.care-act.org) site for **FAQs, Trainings** and **Resources**. Suggested resources below:
 - » [The CARE Act at a Glance](#)
 - » [The CARE Process Flow to Treatment, Housing, and Support](#)
 - » [CARE Act Judicial Process Overview for Counsel Training](#)
 - » [CARE Act Eligibility Criteria Video by Judicial Council of CA](#)
 - » [CARE Act Eligibility Criteria Fact Sheet](#)
 - » [Legal Roles in the CARE Act](#)
 - » [CARE Act Resources for Petitioners](#)
 - » [California Courts Self-Help Guide](#)
 - » [Volunteer Supporter Toolkit](#)



QUESTIONS?

INFO@CARE-ACT.ORG

COUNTY CELEBRATIONS

County Coaches, Champions, and Key Team Members
12:45 – 1:25 pm

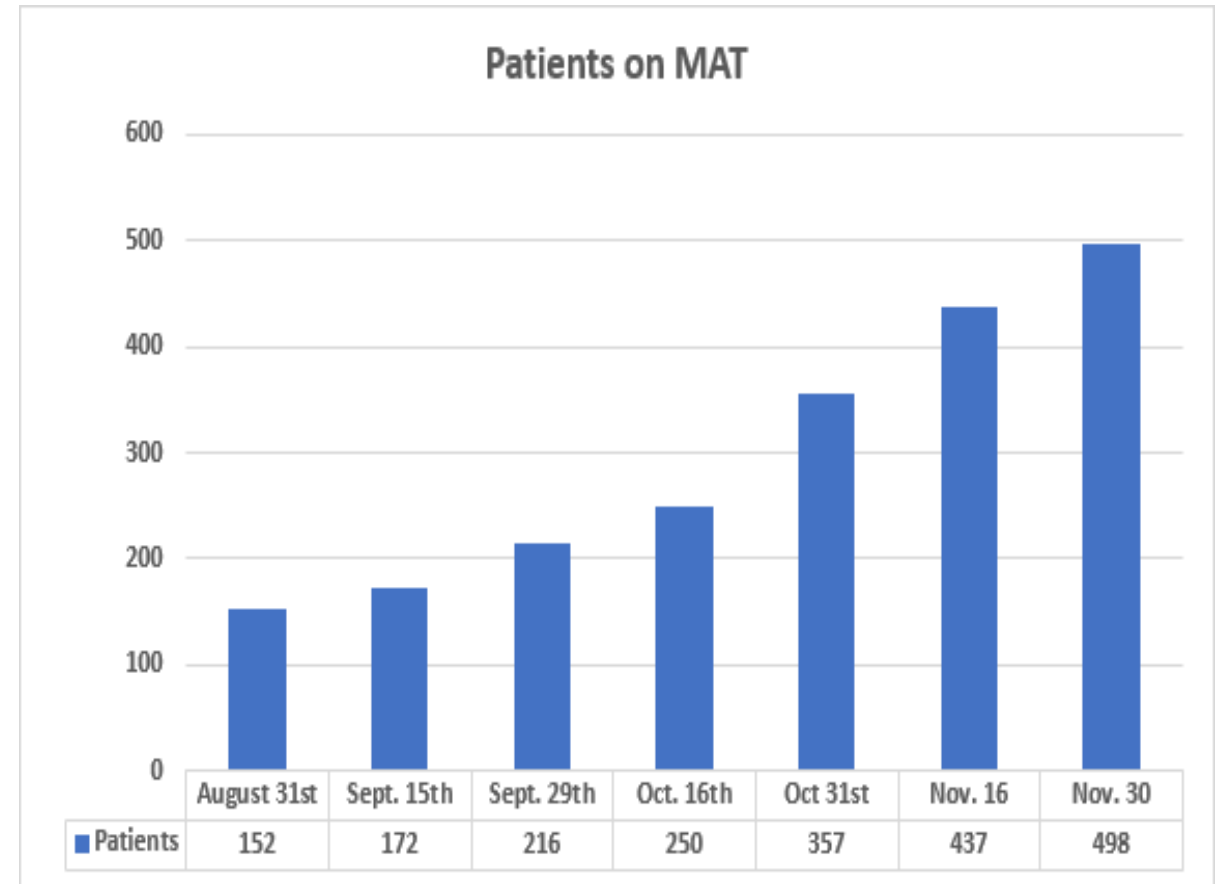
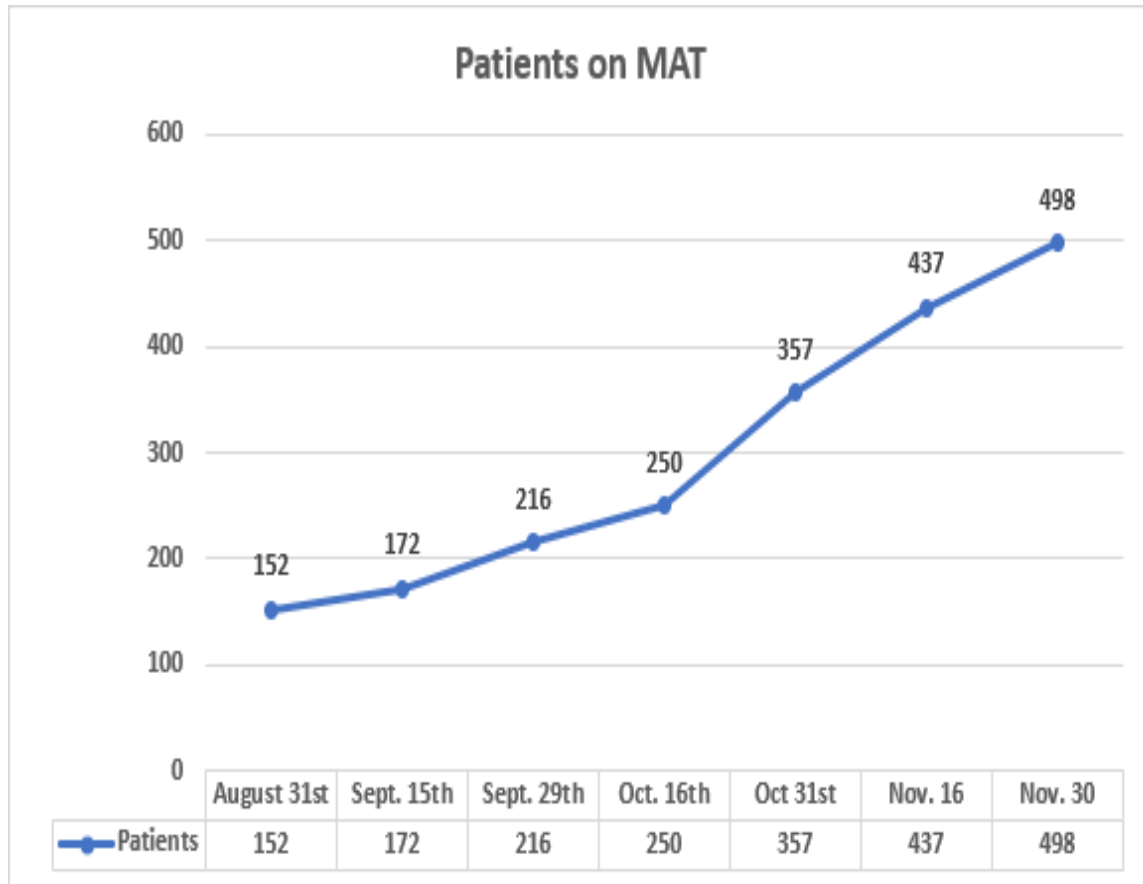
SACRAMENTO COUNTY

Champion: Tianna Hammock

Coach: Rich VandenHeuvel

Moving to Initiation of MAT

SACRAMENTO COUNTY – PROGRESS SINCE AUGUST



Withdrawal Management and Initiation Housing



COHORTED HOUSING DISCUSSION GROUP



- Cohorted Housing Discussion Group
 - Bi-monthly event on 4th Monday
 - Next meeting: January 22nd at 10:00 am PST
 - Led by Rich VandenHeuvel and Paul Kunkel
- Counties participating: Solano, Sacramento, San Luis Obispo, Yolo, San Joaquin, San Mateo, Sutter and more

Please reach out to MATinCountyCJ@healthmanagement.com if you would like to be added to this event.

SAN MATEO

Champion: Darryl Liu

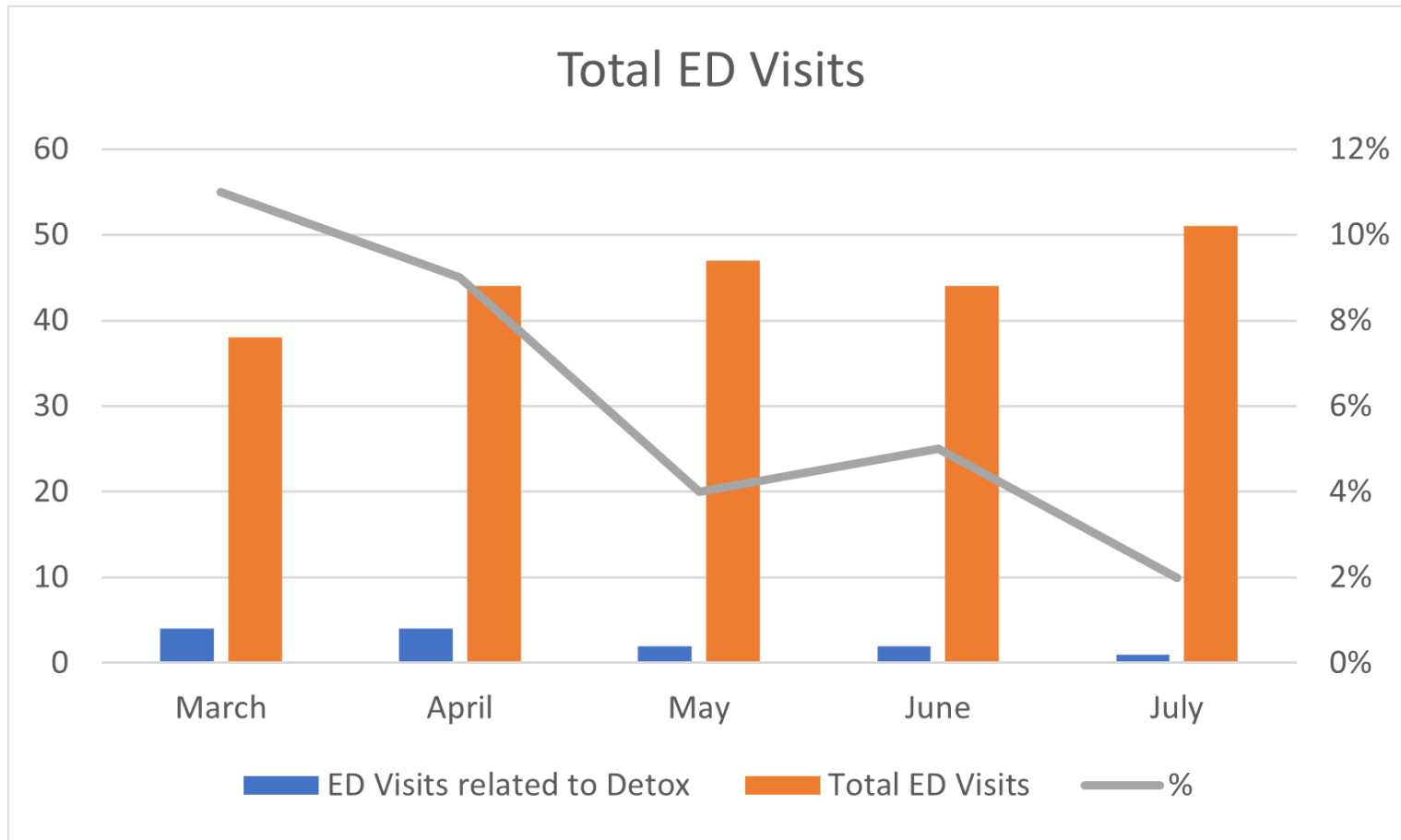
Coach: Carol Clancy, Marc Richman

Withdrawal Management Housing

SAN MATEO COUNTY

- In a 2022 recidivism report, the majority of IP's incarcerated are charged with Public Intoxication or Health and Safety violations.
- 2/3 of IP's suffering from withdrawal are released within 5 days of incarceration.
- The creation of the Withdrawal Management pod allows custody, mental health and medical to ensure these individuals have access to MAT, re-entry planning services, a relapse prevention plan, and a medically safe withdrawal.
- In June, July and August (latest numbers available), the WM pod has served a total of 682 inmates.

PROGRESS SINCE MARCH



- The creation of the Withdrawal Management pod has resulted in a decrease in the number of IP's transported to the ED while in custody for acute withdrawal management services.

SOLANO COUNTY

Champions: Renee Smith (Jail MAT),
Cynthia Garcia (Drug Court), & Lori
Thompson (Drug Court)

Coach: Rich VandenHeuvel

Performance Improvement Event (PIE)



MARIPOSA COUNTY

Champions: Kristina Kelehy

Coach: Rich VandenHeuvel

Securing funding for long-acting injectable buprenorphine

SANTA CRUZ COUNTY

Champion: Lt. Brian Cleveland

Key Staff: Talley Kennedy

Coach: Marc Richman

Expanding program

RIVERSIDE COUNTY

Champion: Dr. Michael Gunther

Key Staff: Lt. Phillips

Coach: Rich VandenHeuvel

Custody Perspective

Lt. Phillips

SANTA BARBARA

Champions: Lt. Anthony Espinoza &
Bailey Fogata

Coach: Rich VandenHeuvel

- Letter received from patient highlighting importance of work being done
- *“Since I’ve been graced with the opportunity to take advantage of MAT, it’s been a blessing and probably a life saver”*

To whom it concerns,

FIRST and foremost Thank you for being receptive to the plight of those who might not be the EASIEST to relate to. It is a terrible thing to endure being constantly dependent on drugs.

I've been physically addicted to drugs my whole adult life, I'm 3 months from turning 40 years old. During the past two decades I've acted out of character, crossed boundaries I normally wouldn't and lost my moral compass at times.

Knowing there's a substance that's normally readily available that cures hunger, sadness, cold, problems etc. can cause you big problems when trying to get clean.

Since I've been graced with the opportunity to take advantage of MAT it's been a blessing & probably a life saver.

I used to wake up on a mission to get high. I'd be consumed with thoughts and screams that could in any way get my hands on drugs (heroin). There was a void that was inside of me that was similar to a black hole. The more I got the stronger it &

became & it consumed everything in its path, EVERYTHING. Then I started the program and EASED up to the proper dose. Almost ~~immediately~~ my cravings were curbed to a point of me finally being in control again. I could finally think for my self with out a relentless influence pulling me to mess up.

I remember a day where I had heroin in my hand. I'd never met my 3 yr old daughter in her or my life and I had a chance the next day. I only had 12 hours to go then I could use all I wanted yet the control it had over me left me in tears choosing to use thinking I might still get away with it but I didn't and O.P. missed her the next day. I don't have that problem now, I feel.

I might not be clean forever but I have a chance now. Thank you.
14

VENTURA COUNTY

Champion: Commander Mark Franke

Key Staff: Hadyn McQuade

Coach: Rich VandenHeuvel

- Discharge planning;
- Pricing of injectables
- Funding sources: COSSUP grant funding/Jail MAT funding

WRAP UP AND NEXT STEPS

1:25 – 1:30 pm

POLLING QUESTIONS

1. Overall, today's session was:
 - A. Very useful
 - B. Somewhat useful
 - C. Not very useful
 - D. Not useful at all

2. The material presented today was:
 - A. At the right level
 - B. Too basic
 - C. Too detailed



**HAVE A SAFE
AND RESTFUL
HOLIDAY BREAK
AND NEW YEAR!**

CONTACT US

FOR ANY QUESTIONS OR COMMENTS
MATinCountyCJ@healthmanagement.com

RESOURCES & UPCOMING EVENTS

QUARTER 4 WEBINAR RECORDINGS

Overview of BJA Guidelines for Managing Substance Withdrawal in Jails

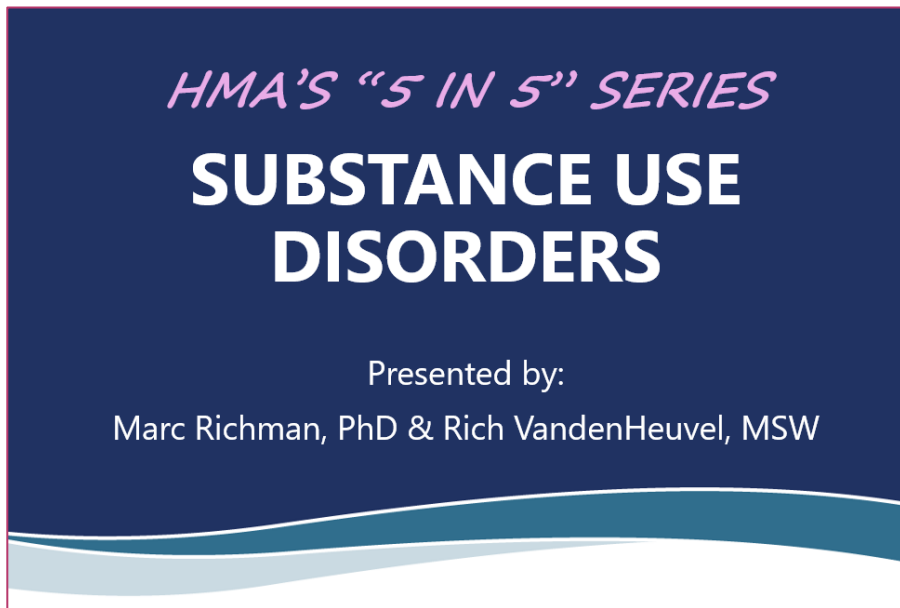
- Part 1: General Overview and Stimulant Withdrawal
- Part 2: Opioid Withdrawal
- Part 3: Other Withdrawal, including Alcohol and Sedative Hypnotics

Screening and Assessment

How the CaAIM Justice-Involved Initiative Intersects with Your Jail MAT Efforts



“5 IN 5” SERIES – FOR CUSTODY AND SECURITY PROFESSIONALS



- Substance Use Disorders
- Opioid Use Disorders
- Coming in 2024:
 - Medications for Opioid Use Disorder (MOUD)
 - Role of Security in Medication Administration and Diversion
 - 10 to 15-minute videos for jail healthcare staff

SAVE THE DATES – 2024 LEARNING COLLABORATIVES



- »» March Quarterly Learning Collaborative: Thursday, March 21st
- »» June Quarterly Learning Collaborative: Thursday, June 20th
- »» September Quarterly Learning Collaborative: Wednesday, September 25th

All events at 12:00 pm PST

OFFICE HOURS

- Since 2021, HMA has offered two monthly office hours opportunities
- Please feel free to join whenever you have a question or just to listen in
- Email MATinCountyCJ@healthmanagement.com to be added to invites

1st Thursday of the month: All Team Members

- CalAIM SME added to these calls from HMA team for any questions

2nd Thursday of the month: Prescribers

- Anyone is welcome to join, but this will always be staffed by a prescriber.