Expanding Access to MAT in County Criminal Justice Settings: All Team-Learning Collaborative

DHCS
California Department of HealthCareServices

HMA

June 17, 2021

AGENDA

- **Welcome and Project Updates**
- **Case Study of an Effective Community Anti-Stigma Campaign: Up Empathy** – Santa Cruz County
- **AB 1950 and Its Implications for Supporting Successful Reentry** – Tanja Hietman, Chief of Probation, Santa Barbara County
- **Withdrawal Management: To Taper or Not to Taper? – That is the Question** – Shannon Robinson, MD, Health Management Associates
- **Making the Case for MAT – Using Data to Support MAT Sustainability** with highlights from Kane County, IL, Yolo County, CA and Santa Clara County, CA
- **Wrap Up and Next Steps**

WELCOME AND PROJECT UPDATES

PRESENTER:
BREN MANAUGH

11:00 – 11:10 am

HEALTH MANAGEMENT ASSOCIATES

PROJECT UPDATES

- Grant applications due June 30, 2021
- Data (January – March 2021) due June 30, 2021
- Opportunity for new teams to join the collaborative
  - They can contact MATinCountyCJ@healthmanagement.com for additional information
- Behavioral Interventions for SUD Survey – Due June 22, 2021
  - https://www.surveymonkey.com/r/CA_Jail_MAT_BH_Interventions_Survey
- HMA Coaching and Consultation Resource for Counties
- Training available for counties
  - *Watch for an interest survey*

Changes in requirements for Buprenorphine prescribers

- https://addictionfreeca.org/r/qilfex6dbahi

HHS Announcement: Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder

On 4/28/2021 HHS officially updated practice guidelines regarding buprenorphine for opioid use disorder (OUD). These new practice guidelines decrease barriers to prescribing buprenorphine for OUD by exempting eligible providers from certain certification requirements related to training, counseling, and other ancillary services. The updated requirements are below:

To prescribe buprenorphine for OUD to 30 or fewer patients (at one time):

- Provider submits Notice of Intent (NOI) to SAMHSA
- Provider will need DEA number and state medical license number to complete NOI
- SAMHSA approves request and notifies DEA
- DEA issues X-waiver
- Attestation of training, counseling, and ancillary services is NOT required

To prescribe to more than 30 patients (at one time), the prior requirements remain:

- Complete 8-hour (physician) or 24-hour (NP/PA) training
- Submit NOI, get approval, and receive X-waiver via process listed above
- Provide or refer for counseling and ancillary services

Notice of Intent can be found at https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php

Use this link for all X-waiver Notices of Intent, regardless of the intent.

Intent Options

- New buprenorphine provider without training with intent to treat up to 30 patients
- New buprenorphine provider with training and intent to treat up to 100 patients
- Buprenorphine provider with intent to increase limit to 275 patients
- Buprenorphine provider with limit of 275 patients submitting required yearly report

Prescribers' Guide for Management of Buprenorphine Patient Panel

HMA INSTITUTE ON ADDICTION

Prescribers' Guide for Management of Buprenorphine Patient Panel

What are the recent changes to regulations regarding prescribing buprenorphine for opioid use disorder (OUD)?

On April 27, 2021, the Department of Health and Human Services (HHS) released new Buprenorphine Practice Guidelines https://www.hhs.gov/about/news/2021/04/27/hhs-releases-new-buprenorphine-practice-guidelines-expanding-access-to-treatment-for-opioid-use-disorder.html. These guidelines offer new flexibility for prescribers to provide buprenorphine for their patients with a diagnosis of opioid use disorder (OUD).

Under the new regulation physicians and other prescribers (PA, NP, CNM, CNS, nurse anesthetist) who are authorized to prescribe other controlled substances can apply for approval to treat up to 30 patients at one time with buprenorphine *without completing any additional waiver training or providing counseling.* Capacity to provide or refer to counseling is recommended, but not required, for practitioners who are approved to practice under the guidelines exemption.

Is an X waiver still required to prescribe buprenorphine?

Yes, a prescriber still needs an X waiver to prescribe buprenorphine. The change allows prescribers who wish to treat up to 30 patients with buprenorphine to obtain an X waiver without completing the 8- or 24-hour training prior to applying for a waiver. This applies to prescribers who are "covering" for other practitioners and do not intend to have a longitudinal panel of patients as well as those who intend to maintain a panel of up to 30 patients for whom they are prescribing buprenorphine. Prescribers will need to file the Notice of Intent (NOI) and receive the X waiver (see next paragraph).

How does a prescriber apply for an X waiver to treat up to 30 patients?

The prescriber must complete a NOI at https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php. On this page the prescriber will upload copies of their state license and DEA registration and submit the NOI. SAMHSA will review and the DEA will issue a new registration identifying approval to prescribe buprenorphine for up to 30 patients. SAMHSA will process these requests within 45 days.

How should a prescriber fill out the NOI form (attestation) to indicate they wish to treat up to 30 patients without completing training?

Within the form when asked "CERTIFICATION OF QUALIFYING CRITERIA":

- ***Physicians*** should choose: "other" and type "practice guidelines" in the text box for the city of the training. The training date should be the application date
- **Prescribers with other qualified credential** should select "Providers Clinical Support System (PCSS)" and type "practice guidelines" in the text box for the date completed

The tracking tool below is available through HMA coaches

# Treated Patients = 5	Bup Template										
Start Date	Last Name	First Name	MRN	Medication ***	Strength	Dose	Quantity	Refills	Days Supply	Refill due	Treatment End Date
6/14/2021	Tester	Test	123456	Buprenorphine/Naloxone	8/2 mg	2 daily	30	1	30		7/14/2021
6/16/2021									60		8/15/2021
6/17/2021	tuga	scott	543	Buprenorphine	200/1 mg	2		1	56		8/12/2021
6/21/2021	vanden	Rich					45	1	90		8/30/2021
6/2/2021	Last Name	First Name							120		10/3/2021
6/3/2021	Tester	Test									
5/8/2021	Tester	Senior		Buprenorphine/Naloxone	8/2 mg	3 strips daily	90	0	30		6/7/2021

HMA INSTITUTE ON ADDICTION

CASE STUDY OF AN EFFECTIVE COMMUNITY ANTI-STIGMA CAMPAIGN: UP EMPATHY

PRESENTERS:
SANTA CRUZ COUNTY

11:10 am – 12:00 pm

HEALTH MANAGEMENT ASSOCIATES

Addressing Stigma by Increasing Empathy

Our Journey in Santa Cruz County

June 17, 2021

SafeRx Santa Cruz County

Agenda

Exploring Empathy to Address Stigma

Breakout: Share personal experience when Empathy was Effective

Our “Up Empathy” Journey in Santa Cruz

Breakout: Brainstorming on Increasing Empathy in Your Communities

Meet the SafeRx Santa Cruz Team!

Shelly Barker, MS, RD, CDE

Jen Hastings, MD

Rita Hewitt, MPH, CPhT

Katie Mayeda, LCSW
Collaborative Court Manager for Superior Court of Santa Cruz County

Cecilia Krebs, CARN
Encompass Community Services
Outpatient MAT

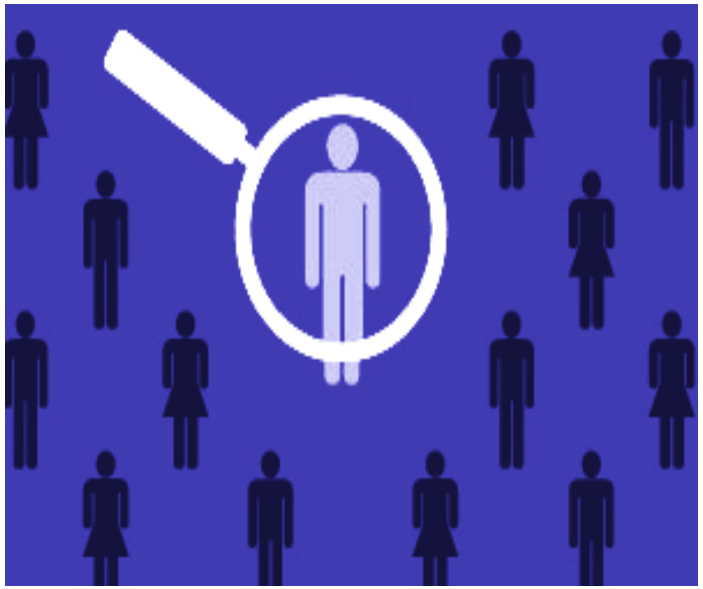
Jenna Shankman, MSW

Shruti Police

What is Stigma?

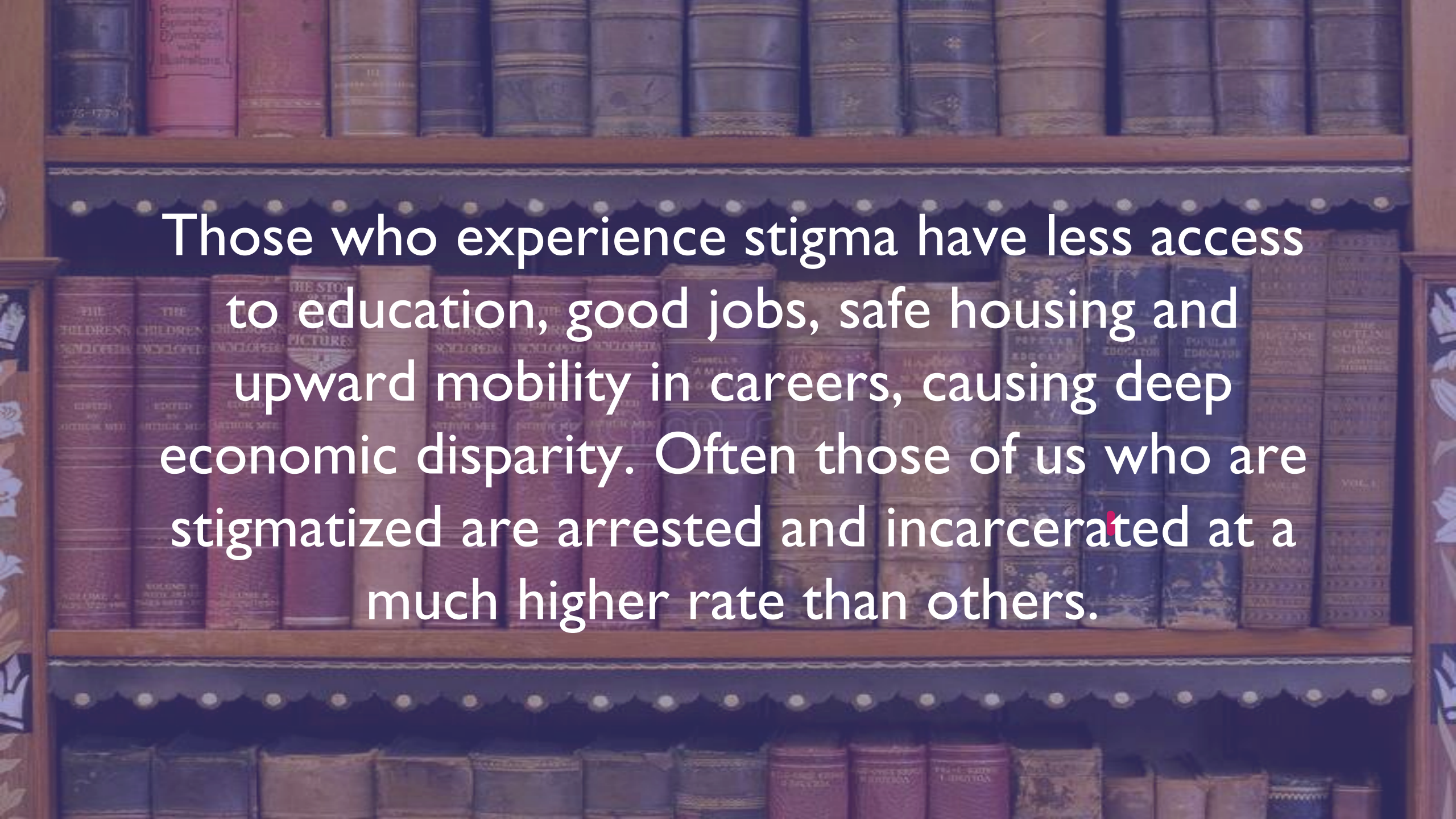
Stigma is a cluster of **negative attitudes and beliefs** about people with certain characteristics which get **expressed in words, actions, policies & laws.**

- We all hold negative biases, judgments, & stigma
- Stigma can be implicit, meaning that we are not aware that we are holding stigma
- Historically, and in our present, people have been structurally stigmatized, including:
    - people of color
    - immigrants
    - the LGBTQ community
    - those with addictive disorders
    - serious mental health conditions



Why does it matter?

Stigma, judgments and biases have enormous impacts on us.


Those who experience stigma have less access to education, good jobs, safe housing and upward mobility in careers, causing deep economic disparity. Often those of us who are stigmatized are arrested and incarcerated at a much higher rate than others.

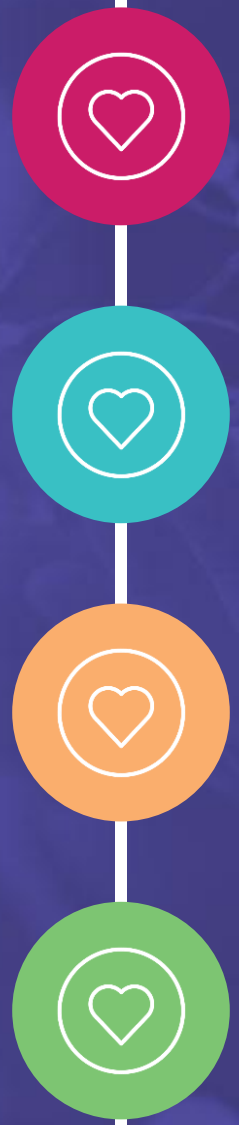
Stigma Impacts Health Outcomes:

Stigma causes chronic stress. It has been shown to lead to higher rates of chronic diseases. Those of us that have historically been stigmatized have less access to healthcare, worse healthcare when we do get access, and worse health outcomes.

What can I do about it?

We can compassionately reflect on **our own biases and judgments**, to be increasingly aware of what might be unconscious, and work to mitigate our own stigmatizing beliefs and biases.

We can work to notice and change **stigmatizing language** in our vocabulary. We can give others feedback ("call in") without shaming when they unknowingly use stigmatizing language.



We can deepen our awareness of **structural and systemic racism** in our work settings, our relationships and our communities. Addressing racism is another way to address stigma.

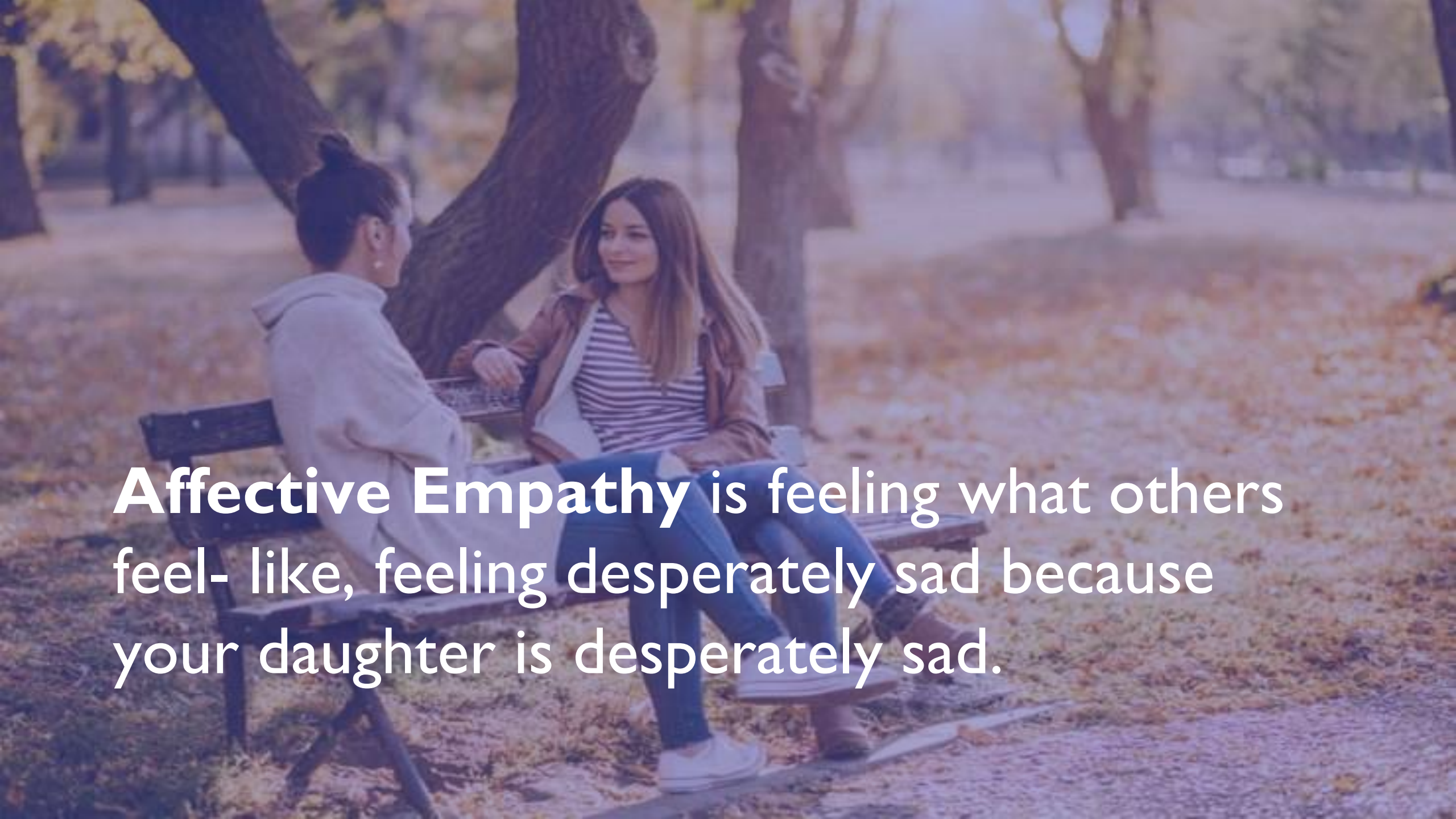
Empathy is the opposite of stigma. We can work toward **upping empathy** for ourselves as we address our own biases, and work toward seeing, listening, and understanding others without judgment.

Empathy is the opposite of…

Negative judgements

Negative bias

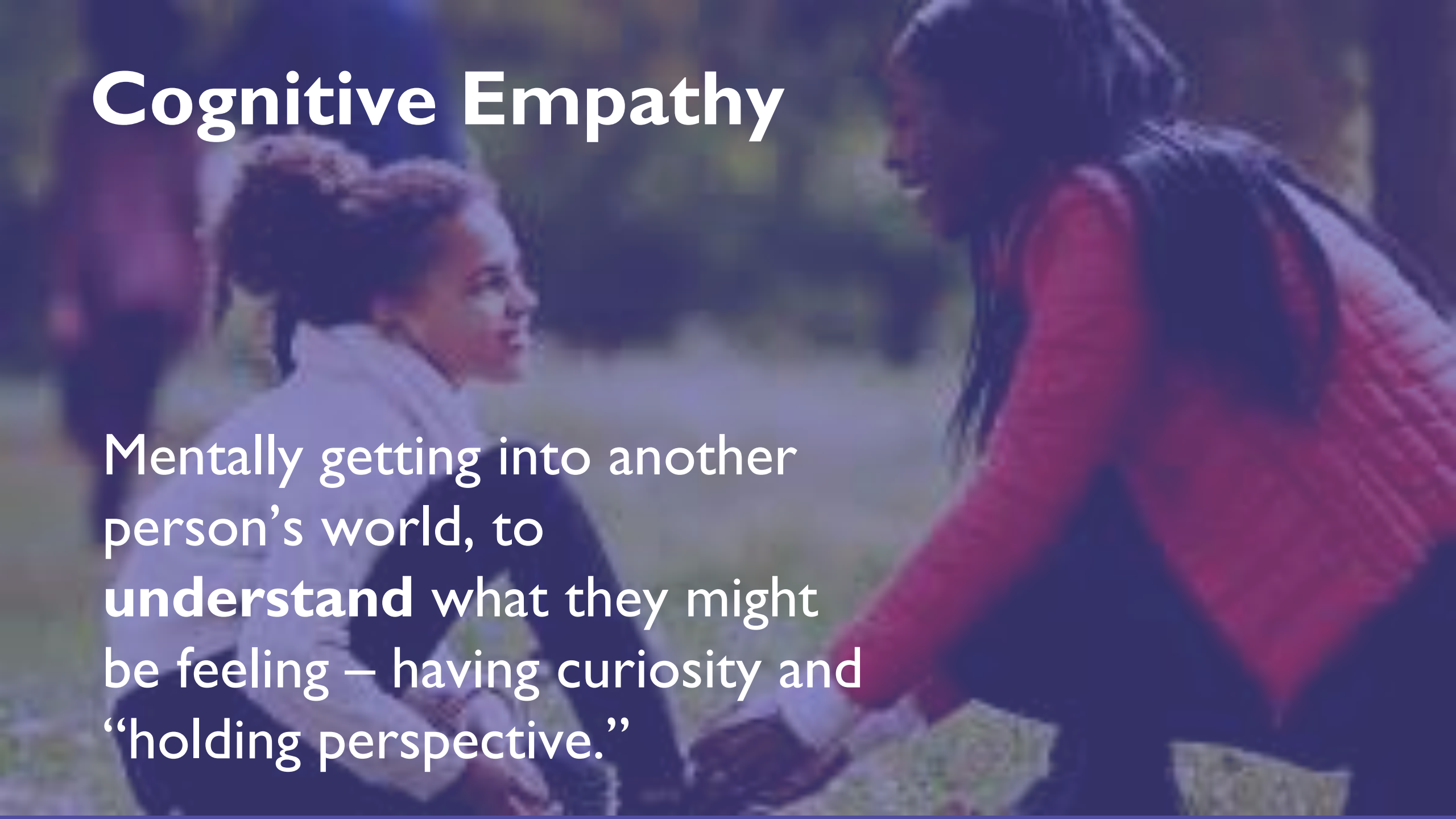
Stigma



Affective Empathy is feeling what others feel- like, feeling desperately sad because your daughter is desperately sad.

This is correlated with high levels of stress, and for health professionals, to burn out.

Cognitive Empathy



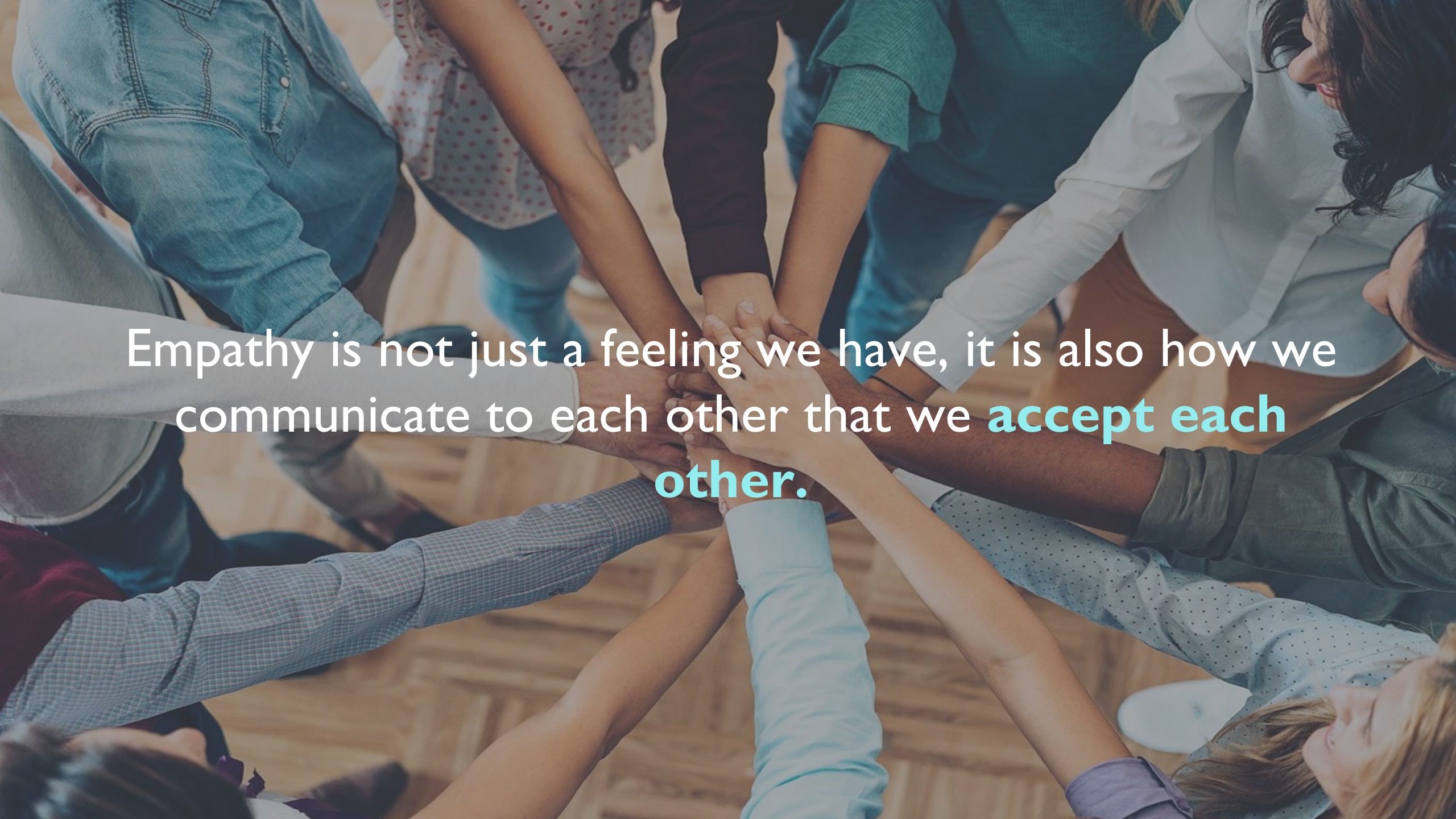
Mentally getting into another person's world, to **understand** what they might be feeling – having curiosity and "holding perspective."

Holding perspective allows us to imagine that if we were in a similar situation, **we might feel the same.**

It helps us **'get'** what another person might be going through

Even if they are **very different from us.**

It is not associated with stress or burnout, and in fact has been shown to increase health professionals job satisfaction, as interactions with others are **more rewarding** when we feel connected in this way.


Empathy is not just a feeling we have, it is also how we communicate to each other that we **accept each other.**

Yes or No

… Someone close to me has (or, I have) a substance use or mental health condition.

Conveying empathy sometimes comes easily to us, sometimes it takes some practice.

It takes extra awareness and purposeful practice to feel and convey empathy when:

- We have judgements about the person or their actions
- We have strong opinions on what the other person should do
- We are angry or fearful
- When others are angry at us
- When we are tired, or in a hurry

We get better at conveying empathy through practice:

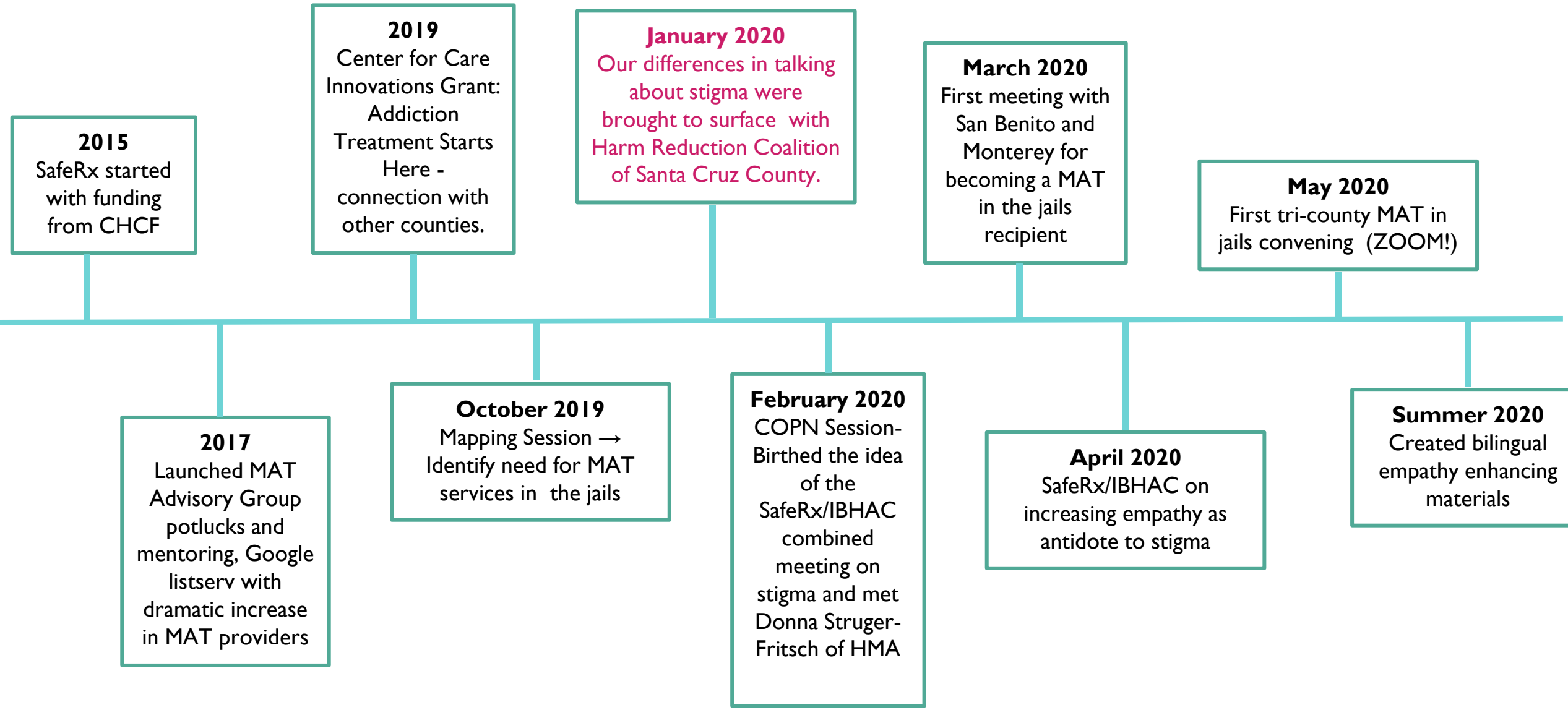
- Avoiding advice. Advice is almost always well-meaning, and almost never feels empathetic to the receiver
- Being present
- **Staying curious**
- Using core connecting language, open ended questions **'Tell me more,'** acknowledging feelings **'you sound sad'** and normalizing **'anyone would feel the same'**

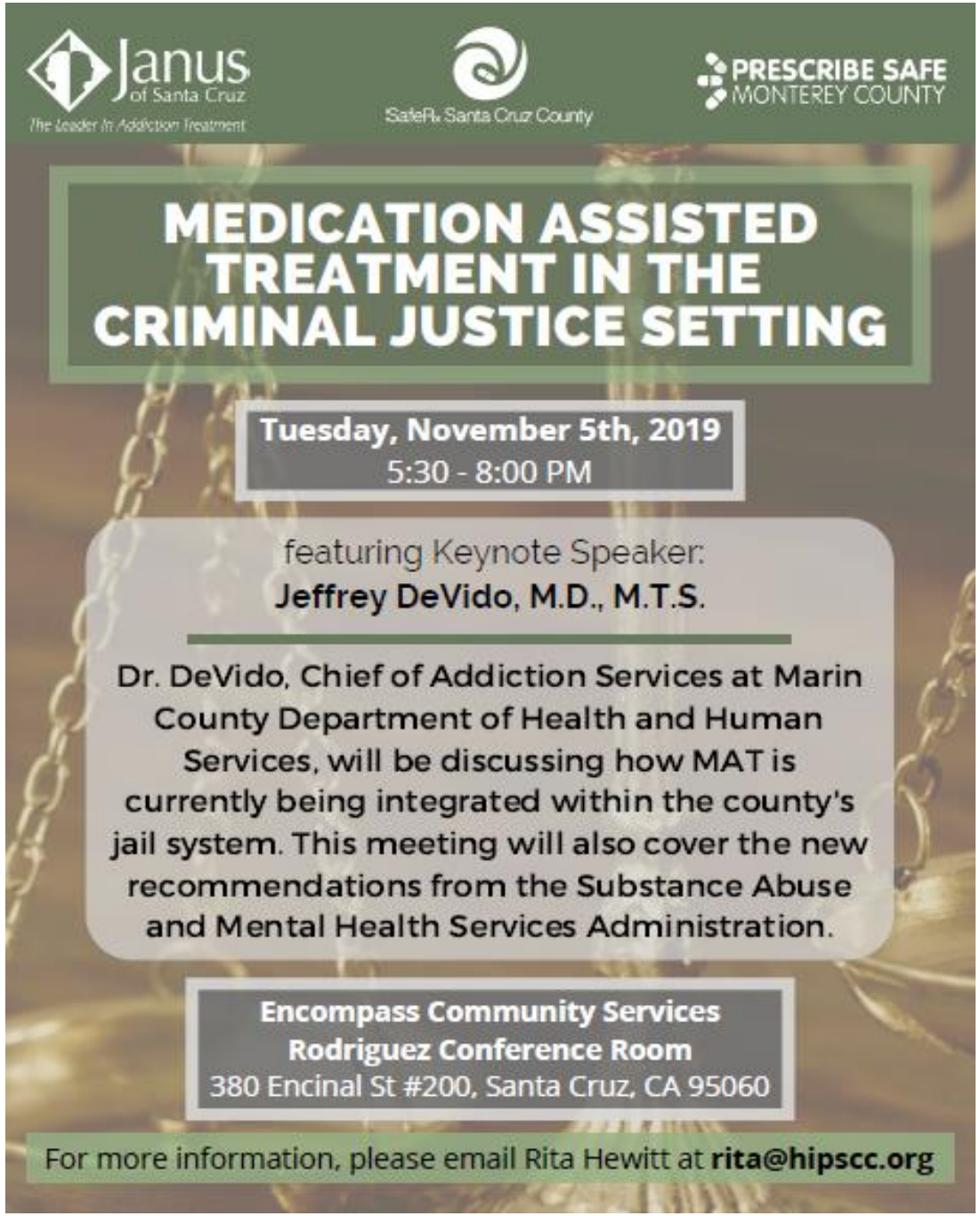
Breakout Session:

Share a time when you (or someone you were with) used empathy effectively.

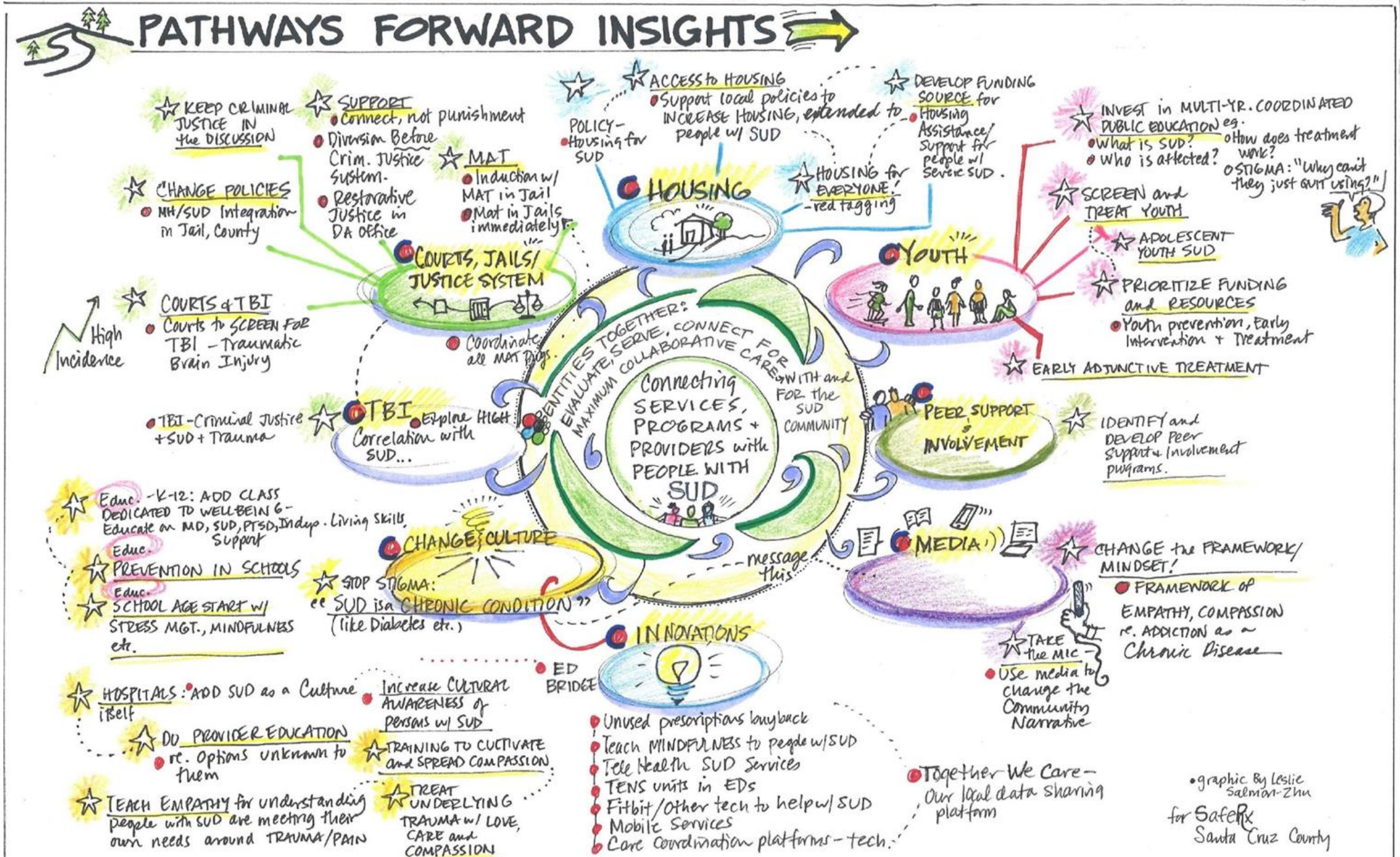
- Meet in groups of four.
- Brief introductions as you share a time when empathy was effective.
- 1-2 minutes each, then you will be brought back to the main session.
- Share in the chat when you are back with the full group.

OUR "Up Empathy" JOURNEY IN SAFE RX SANTA CRUZ: TIMELINE (2015-2020)




Janus
of Santa Cruz
The Leader in Addiction Treatment
SafeRx Santa Cruz County
PRESCRIBE SAFE
MONTEREY COUNTY
MEDICATION ASSISTED TREATMENT IN THE CRIMINAL JUSTICE SETTING
Tuesday, November 5th, 2019
5:30 - 8:00 PM
featuring Keynote Speaker:
Jeffrey DeVido, M.D., M.T.S.
Dr. DeVido, Chief of Addiction Services at Marin County Department of Health and Human Services, will be discussing how MAT is currently being integrated within the county's jail system. This meeting will also cover the new recommendations from the Substance Abuse and Mental Health Services Administration.
Encompass Community Services
Rodriguez Conference Room
380 Encinal St #200, Santa Cruz, CA 95060
For more information, please email Rita Hewitt at rita@hipscc.org

PATHWAYS FORWARD INSIGHTS



• graphic By Leslie Salman-Zhu
for SaferRx
Santa Cruz County

The Opposite of Addiction is Not Sobriety. The Opposite of Addiction is Connection.

SafeRx Santa Cruz County

Lo contrario a la adicción no es la sobriedad. Lo contrario a la adicción es la conexión.

SafeRx Santa Cruz County

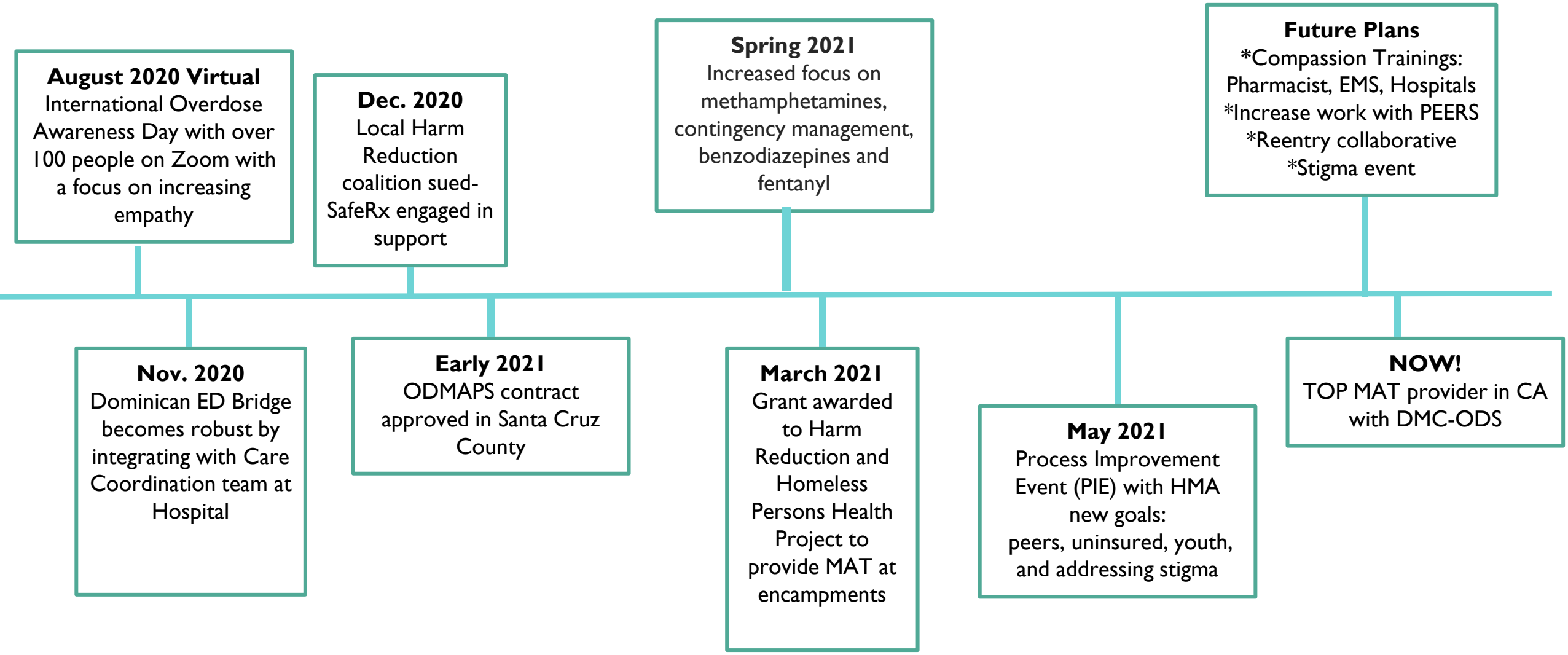
Overdose
Can
Affect
Anyone.

Safe4% Santa Cruz County

Una
Sobredosis
Puede afectar
A cualquier
Persona.

Safe4% Santa Cruz County

OUR "Up Empathy" JOURNEY IN SAFE RX SANTA CRUZ: TIMELINE (2020-2021)



#Enhancing Empathy

We commit to ending overdose

padlet

REMAKE SHARE

SafeRxSCC • 6d

Treatment and Overdose Prevention Resources in Santa Cruz County

Made with wonder

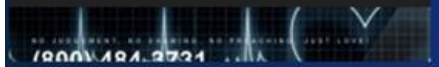
Overdose Prevention and Harm Reduction

Images and Information for International Overdose Awareness Day

Downloadable Resources - International ...
The 2019 Partners' Report has been rele...
international overdose awareness day

Never Use Alone Call Line

1-800-484-3731



Medication Assistance Treatment (MAT)

County Medication Assisted Treatment Options

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Word document
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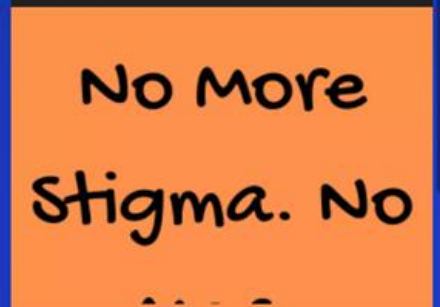
MAT Information from Health Improvement Partnership

Empathy Enhancing/Stigma Reducing Materials

Social Media Images



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Presentation- Drugs, Stigma, and Policy: How Language Drives Change

Support Communities

Grief Recovery After a Substance Passing (GRASP)

Grief Recovery After Substance Passing ...
Grief Recovery After Substance Passing ...
grasp

Central CA Nar-Anon

Rescursos en Español

HIP MAT

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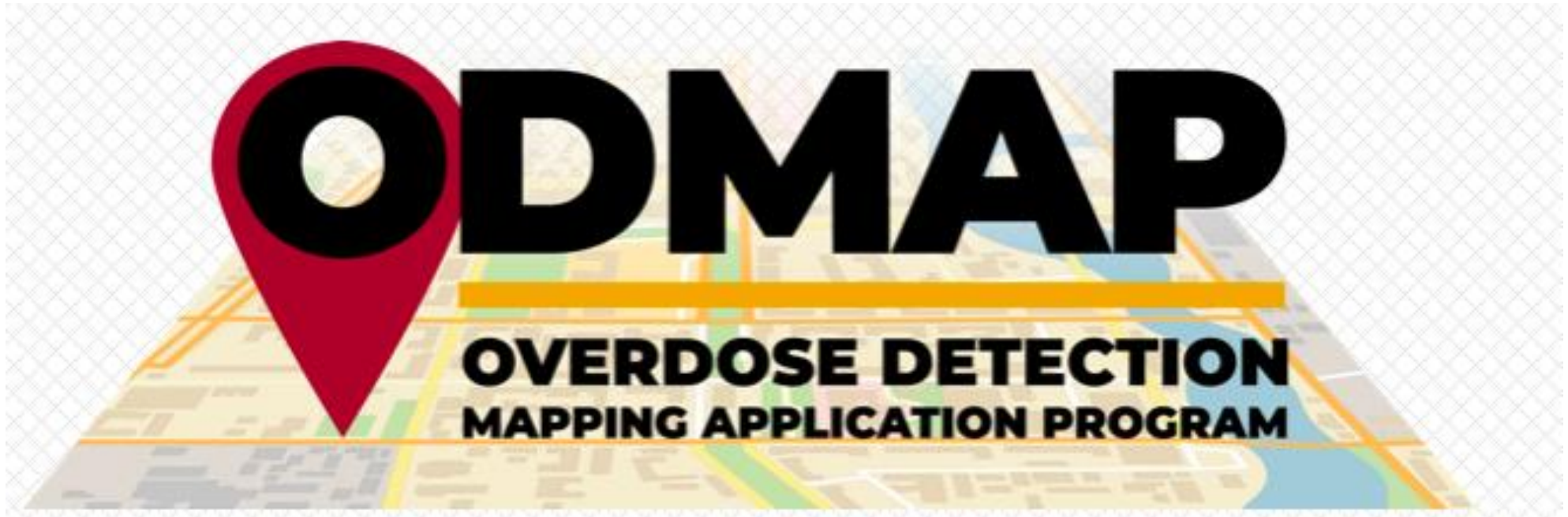

ODMAP
OVERDOSE DETECTION
MAPPING APPLICATION PROGRAM

METH HELP

Using meth?
Want to cut down or stop?

Treatment is here!

NORTH COUNTY

- *Santa Cruz County clinics:* call Andres at 831-227-9967 (Mon–Fri, 9am to 5pm)
- *Encompass:* call or text Marion at 831-713-9414 or Cecilia at 831-227-1904 (Mon–Fri, 8am–6pm)

SOUTH COUNTY

- *Santa Cruz County Watsonville clinic:* call Andres at 831-227-9967 (Mon–Fri, 9am to 5pm)
- *Salud para la Gente:* call Margarita at 408-318-2789 (Mon–Fri, 9am–5pm)

Call now to learn more about medication and other treatments that can help!

Turn over for safety information ►

SAFER USE:

Meth is being cut with **fentanyl!**
Test your drugs!
Start slow, especially when using new supply!

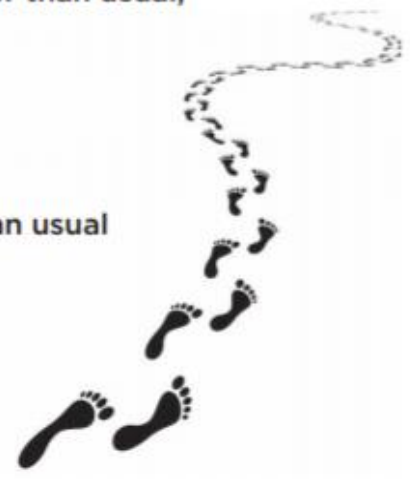
Never Use Alone **Call 1-800-484-3731**

"No judgment, no shaming, not preaching, just love!"

Clean needles/works/fentanyl test kits/ Narcan are available at county **SSP** (Emeline or Watsonville) or **HRC** (831-769-4700)

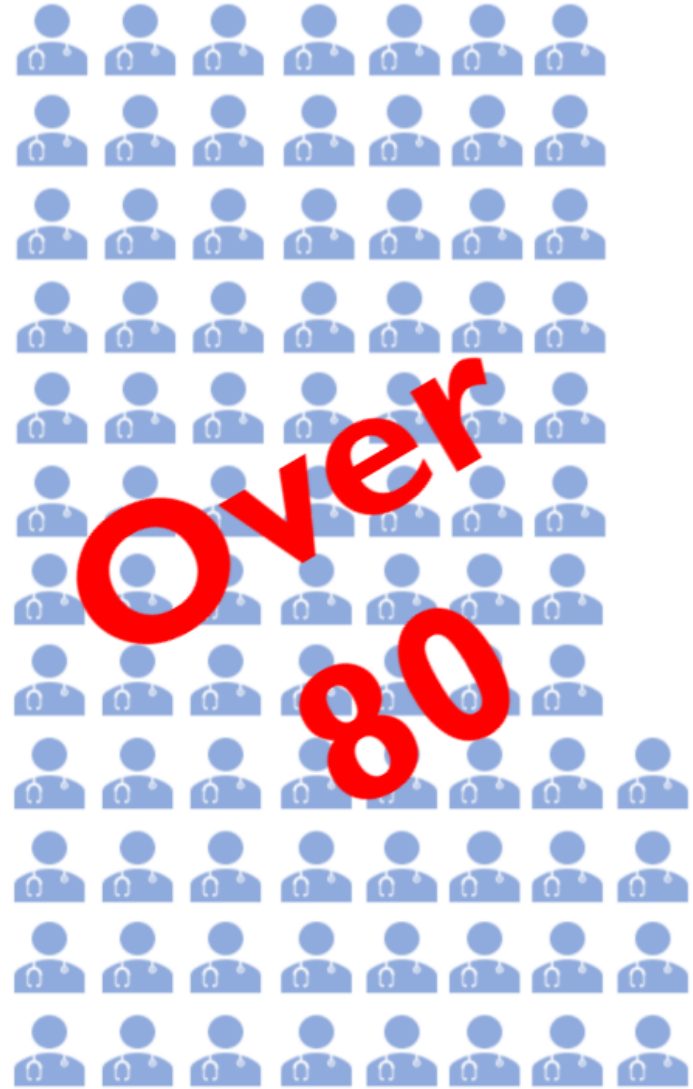
If you're experiencing the signs of overdose listed below, call 911:

- Chest pain
- Heart beating faster or slower than usual, or irregularly
- Difficulty breathing
- Agitation/violent behavior
- Hallucinations/psychosis
- Body temperature higher than usual
- Seizure



2021: Santa Cruz County is the highest MAT prescriber in the state within DMC-ODS

2017



2019

Collaborative Justice System

- Multi-system collaboration
- Innovative programs to address the overwhelming need of mental health and SUD in the justice system
- Applied a public health and whole person care model
- Equal access referral process
- Harm-reduction model
- Supporting families
- Demystifying the criminal justice system

CJS

Collaborative Justice System

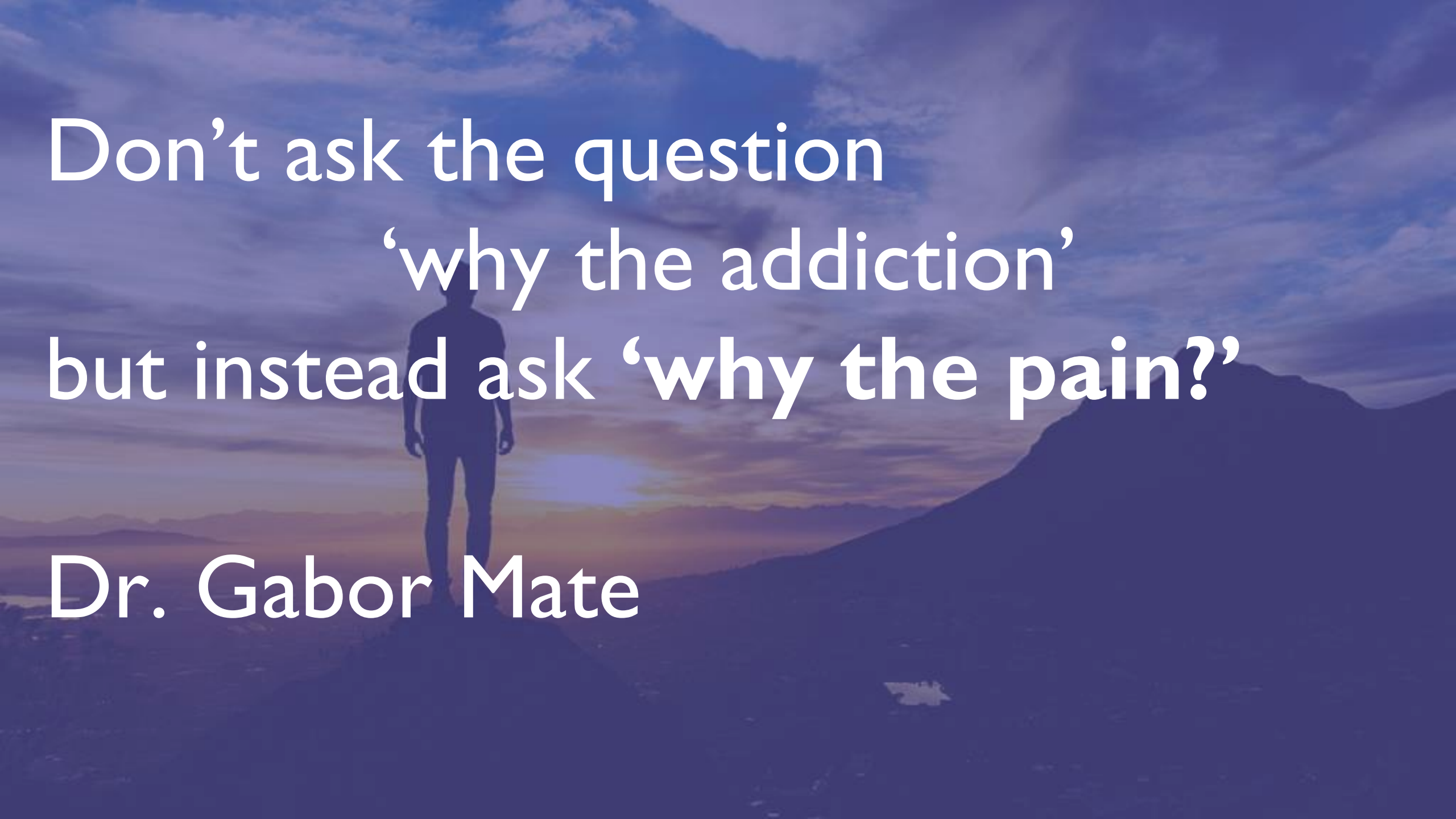
https://drive.google.com/drive/folders/1UYUeqb608sKggxuuYBsDqU_BewzzocqC

Breakout Session:

Brainstorming:

What ideas do you have for your agency or community to move from stigma to empathy?

- Meet in groups of four.
- If in a new group, brief introductions as you share ideas for moving from stigma to empathy.
- 1-2 minutes each, then you will be brought back to the main session.
- Share in the chat or unmute for conversation when we are back with the full group.


Don’t ask the question
‘why the addiction’
but instead ask ‘**why the pain?**’
Dr. Gabor Mate

Thank you!
Questions?

SAFERx SANTA CRUZ

Rita Hewitt Rita@hipscc.org Jenna Shankman jenna@hipscc.org

Jen Hastings jen@coho.org Katie Mayeda Katherine.Mayeda@santacruzcourt.org

Cecelia Krebs Cecilia.Krebs@encompasscs.org

with contributions from Elizabeth Morrison (www.rsourced.com) and Holly Hughes, LCSW

UPDATE ON AB 1950 - IMPLICATIONS FOR SUPPORTING SUCCESSFUL REENTRY

PRESENTER:
TANJA HIETMAN, CHIEF OF PROBATION,
SANTA BARBARA COUNTY

12:00 – 12:25 pm

HEALTH MANAGEMENT ASSOCIATES

SANTA BARBARA COUNTY
PROBATION DEPARTMENT

JUNE 2021

APPLICATION AND RESPONSE TO ASSEMBLY BILL 1950

CHIEF PROBATION OFFICER TANJA HEITMAN
HEITMAN@CO.SANTA-BARBARA.CA.US



Amendments to the Penal Code

Effective 1-1-21, and applicable to all crimes committed on or after that date, and all cases not final as of that date.

- PC 1203a – Maximum term of probation for misdemeanors is one year, with exceptions
- PC 1203.1 – Maximum term of probation for felonies is two years, with exceptions
- Does not permit extension beyond maximum term to complete terms of probation, including restitution.



Misdemeanors

- Maximum term of one year
- One-year limit does not apply if the crime "includes specific probation lengths within the provisions."
- Maximum term for excluded crimes
  - If no max specified – it is the designated minimum term to extent it exceeds one year.
  - If max specified – that is the designated maximum term



Felonies

- Maximum term of two years.
- Exceptions
  - Any violent felony – maximum possible sentence
  - Any offense with specific probation length – maximum possible sentence
  - Theft, embezzlement, or false financial statement > $25,000 – maximum three years.



Strategies

- Retroactive Application – Screening systems for early termination case eligibility
  - Requires cooperative work with justice partners
- Delayed Sentencing Approaches
  - Allow defendant opportunity to apply for program
  - Plea inducements for program completion
- Shortening program length
  - Work with providers to redefine success, increase case management, removing barriers



Strategies

- Utilize diversion programs
  - Successful diversion results in dismissal; failing proceeds with prosecution/probation
  - Community Courts, Pre-arraignment, Pre-plea
- Treatment Extensions
  - Voluntary – Ensure Flexible Funding Options



Local Response

- Eligibility Project – Retroactive Application
  - Justice Partner Collaboration
  - Batch Memo Process
  - AB1950 Caseloads
  - Search Term Advisements
- High-Risk Re-Entry Caseloads
  - Early Assessment and Engagement
  - In-Custody Intake
  - Lower Ratio Caseloads – Higher Intensity



Challenges

- Lack of clarity regarding retroactive application
- Requires shift in case management philosophy
- Victim impacts and restitution issues
- Risk of more punitive responses to violations
- Diverse Perspectives amongst Criminal Justice System Stakeholders
- Ineffective or Inefficient treatment needs assessment
- Expedited treatment referrals and enrollment
- Client engagement and readiness for change



Opportunities

- Smaller caseloads
- Earlier engagement in treatment – Improved Outcomes
- Shorter system involvement for justice-involved individuals
- Paradigm shift from compliance officer to change agent
- Strengthened Relationships – Increased Collaboration

Questions?

SANTA BARBARA COUNTY
PROBATION DEPARTMENT

THANK YOU

JUNE 2021

SHORT BREAK

12:25 – 12:30 pm

WITHDRAWAL MANAGEMENT: TO TAPER OR NOT TO TAPER? – THAT IS THE QUESTION

PRESENTER:
SHANNON ROBINSON, MD

12:30 – 12:55 pm

HEALTH MANAGEMENT ASSOCIATES

TO TAPER OR NOT TAPER; THAT IS THE QUESTION

- Why do we use MAT?
- Why not just taper off MAT after completing withdrawal?

TO TAPER OR NOT TO TAPER; THAT IS THE QUESTION?

- Community standard is treatment of withdrawal must seamlessly transition into treatment of OUD (ASAM 2020)
- It takes years for your brain to heal (Volkow 2001)
- Opioids are available behind the wire and fuels violence and medical and custody costs
- Outcomes are better upon reentry with meds (NSA & NCCHC 2018)
- Outcomes are better during incarceration with meds (CA & IL data)

TO TAPER OR NOT TO TAPER; THAT IS THE QUESTION?

- **Why taper?**
  - **Inmate choice**
    - make sure patient understands
      - risk, benefits and alternatives- 85% relapse within 1 year
  - **Diversion**
    - Diversion is related to lack of access to MAT
    - Other opioids are diverted at a much higher rate
      - https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/what-treatment-need-versus-diversion-risk-opioid-use-disorder-treatment
    - Diversion is not limited to agonist treatment for opioid use disorder
      - Do you track diversion of all medications?
  - **Cost**
    - Do we ration other health care? At what risk? To whom?
  - **Stigma; does it play a role?**

WHY NOT REINITIATE TREATMENT BEFORE RELEASE?

- Risk of litigation
- No data to support tapering; data to support continuation
  - 85% of patient relapse within a year
- Opioids available behind the wire
  - Opioid use, overdose, death, healthcare costs from use
  - Violence associated with drug use while incarcerated
  - Custody costs from healthcare and violence
  - Decreased participation in rehabilitation
- Poor outcomes upon release when MAT not continued
  - Medication decreases overdose death upon release by 60%
- Precipitous release doesn't provide opportunity to reinitiate treatment before release

- Mattick & Hall (1996)
- CCHCS (2018)
- Green et. al. (2018)
- NSA & NCCHC (2018)

WHY NOT JUST TAPER AFTER WITHDRAWAL COMPLETE?

Risk of litigation

- **2011: Legality of Denying Access to MAT in Criminal Justice System by Legal Action Center**
- **2017-2021: DOJ Opioid Initiative**
  - Investigation of Massachusetts jails/ prisons 2017 & Cumberland CO Jail (NJ) 2021
  - Letters and trainings to state justice and child welfare authorities
  - Fines levied for violation of ADA & settlements with facilities who barred patients on opioid agonists
- **2018 Cases start in federal court, multiple states and courts of appeal**
  - Provide agonist treatment throughout incarceration
  - Not acceptable to treat withdrawal & provide psychosocial treatment or antagonists only

Decrease your risk of litigation by planning now to continue medications for opioid use disorders

WHY DO WE USE MAT?

- We use MAT to:
  - Treat opioid withdrawal
  - Treat opioid use disorders – medical standard of care
  - Achieve desired outcomes while incarcerated
  - Achieve desired outcomes upon release from incarceration

WE USE MAT TO TREAT OPIOID WITHDRAWAL

"Forced withdrawal can undermine a person's willingness to engage in treatment in the future, compromising the likelihood of long-term recovery"

- NCCHC/ NSA Promising Practice Guidelines

- Screen everyone for withdrawal
- Initiate buprenorphine after evidence of moderate withdrawal
- Provide adequate buprenorphine to treat symptoms

WE USE MAT TO TREAT WITHDRAWAL

- Treatment is more effective than abrupt cessation
  - American Society of Addiction Medicine OUD Practice Guidelines 2020
- Continuation of methadone vs. forced withdrawal produces increased retention in treatment while incarcerated and upon release Rich, JD et. al. Lancet 386 (9991): 350-9.
- Avoid litigation- ADA- Legal Action Counsel
  - https://nasadad.org/wp-content/uploads/2019/06/6.6.19-Recent-Court-Actions-Impacting-SUD-Field.pdf
- Facility cleaner and safer
- Patients more agreeable; “they bloom like flowers”

STANDARD OF CARE IN THE COMMUNITY FOR TREATING OUD

- ‘Medications can treat opioid addiction & the scope of the opioid epidemic requires family physicians to be as comfortable prescribing them as antidepressants or medications for diabetes.’

  - American Academy of Family Practice

- ‘Medications constitute an essential part of treatment for many offenders with substance use disorders, particularly opioid use disorders.’

  - American Psychiatric Association ASAM

STANDARD OF CARE IN CRIMINAL JUSTICE

"Medication is considered part of the contemporary standard of care for the treatment of individuals with alcohol & opioid use disorders & also for individuals with co-occurring mental illness.

Justice-involved populations with substance &/or alcohol use, as well as co-occurring disorders, should have access to medication & behavioral therapies."

NCCHC/ NSA - *Promising Practice Guidelines for Ensuring Access to Medication Assisted Treatment for Justice-Involved*

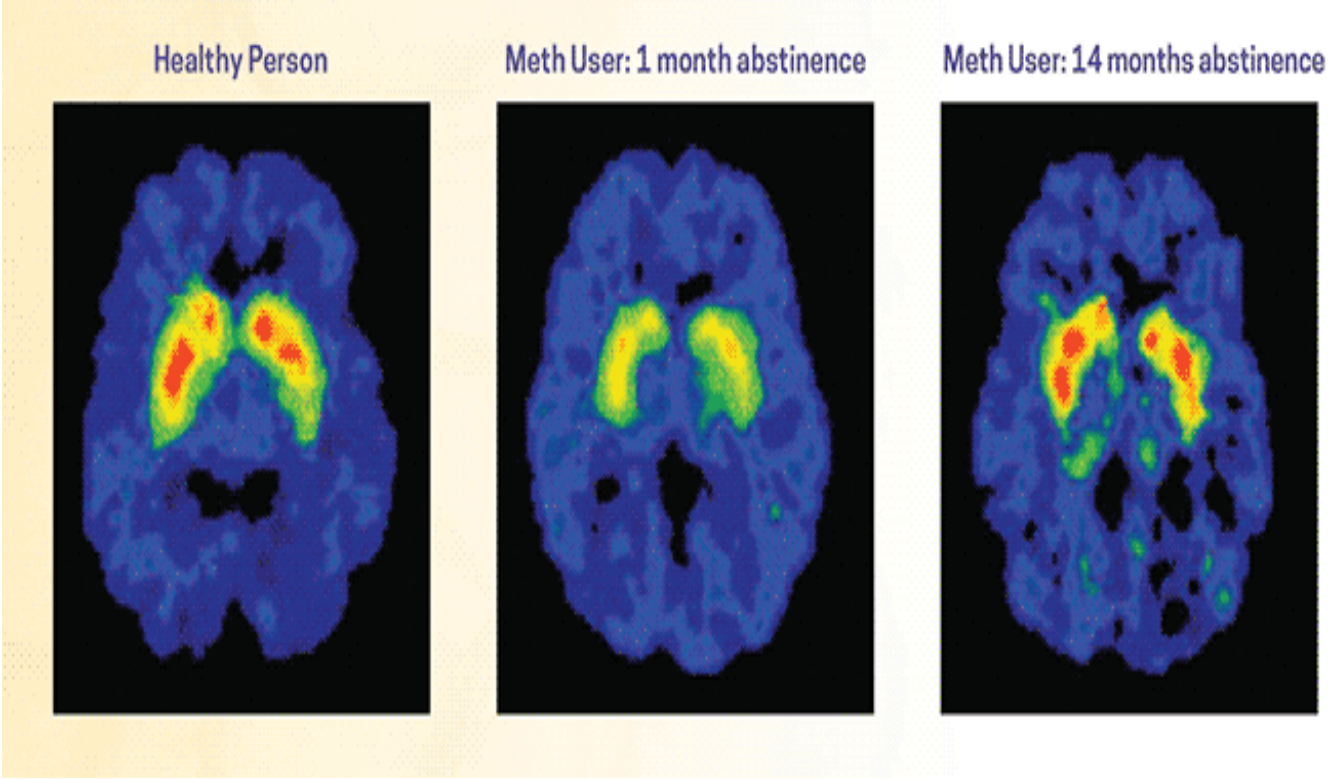
WE USE MAT TO TREAT OUD

- **Increased retention in treatment**
  - 4.44 times more likely to remain in treatment
- **Increased abstinence**
  - 75% for buprenorphine compared with 0% for placebo and 80% vs 37% in another study
  - 15% in abstinence group
- **Reduced use and overdose and death**
  - 33% fewer opioid + tests
  - 60% decrease in overdose
- **Reduces complication of Intravenous Drug Use (IVDU)**
  - Disruption of opioid maintenance treatment while incarcerated increases HCV
- **Improved outcomes for moms & babies: AddictionFreeCA.org - Mom and Baby Substance Exposure Initiative** https://addictionfreeca.org/project/pregnant-and-parenting-women

Mattick (2009)
Hedrich (2012)
Kakko (2003)
Sarlin (2015)
Mattick (1996)
Green (2018)

IT TAKES TIME FOR YOUR BRAIN TO RECOVER

- Prolonged drug use changes the brain in long lasting ways
- Changes are both functional and structural
- Return to normal takes over 1 year
- If we stop medication before the brain recovers you may lose the desired outcomes



Source: Volkow (2001)

WE USE MAT TO ACHIEVE DESIRED OUTCOMES

- To achieve desired outcomes while incarcerated
  - Decreased opioid use- use costs the jail money from rules violations…
  - Decreased overdose- costs the jail money from Narcan administration and sending patient to local emergency room
  - Decrease death- costs the jail money in lawsuits
  - Decrease litigation- ADA violations
  - Decreased healthcare costs from physical and mental health issues related to use
  - Increase rehabilitation opportunities for long term offenders
- To achieve desired outcomes upon release from incarceration
  - Decreased deaths
  - Decreased recidivism
  - Increased abstinence
  - Increased retention in treatment
  - Increased employment

Falkin, Wexler, & Lipton (1992)
Inciardi, Martin, & Butzln (2004)
Biswanger (2007)
Sacks, et. al. (2012)
Westerberg, et. al. (2016)
NSA & NCCHC (2018)
Green, et. al. (2018)
CCHCS (2018)

QUESTIONS?

MAKING THE CASE FOR MAT – USING DATA TO SUPPORT MAT SUSTAINABILITY

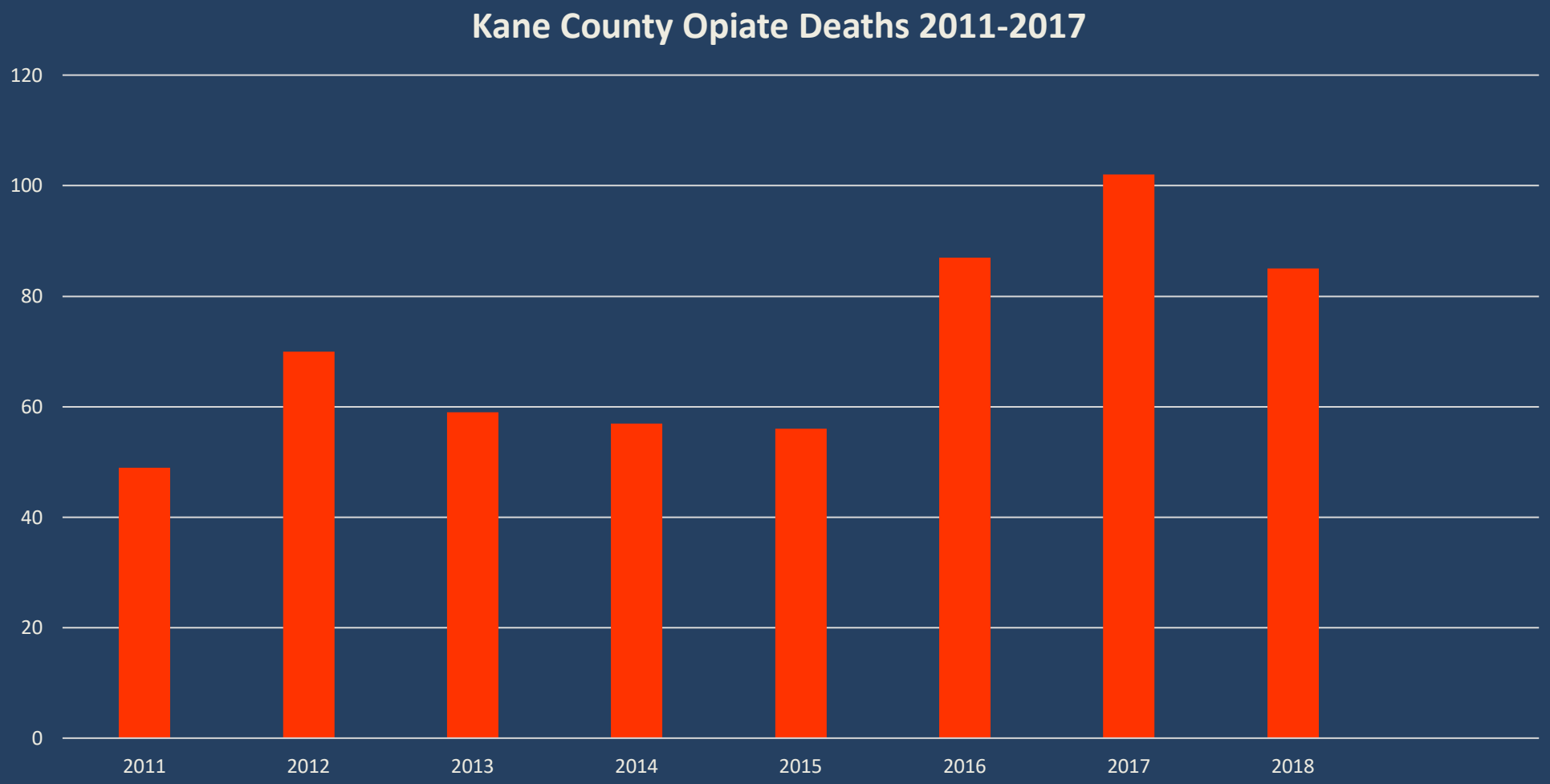
CASE STUDIES FROM KANE COUNTY, IL, YOLO COUNTY AND SANTA CLARA COUNTY, CA

12:55 – 1:25 pm

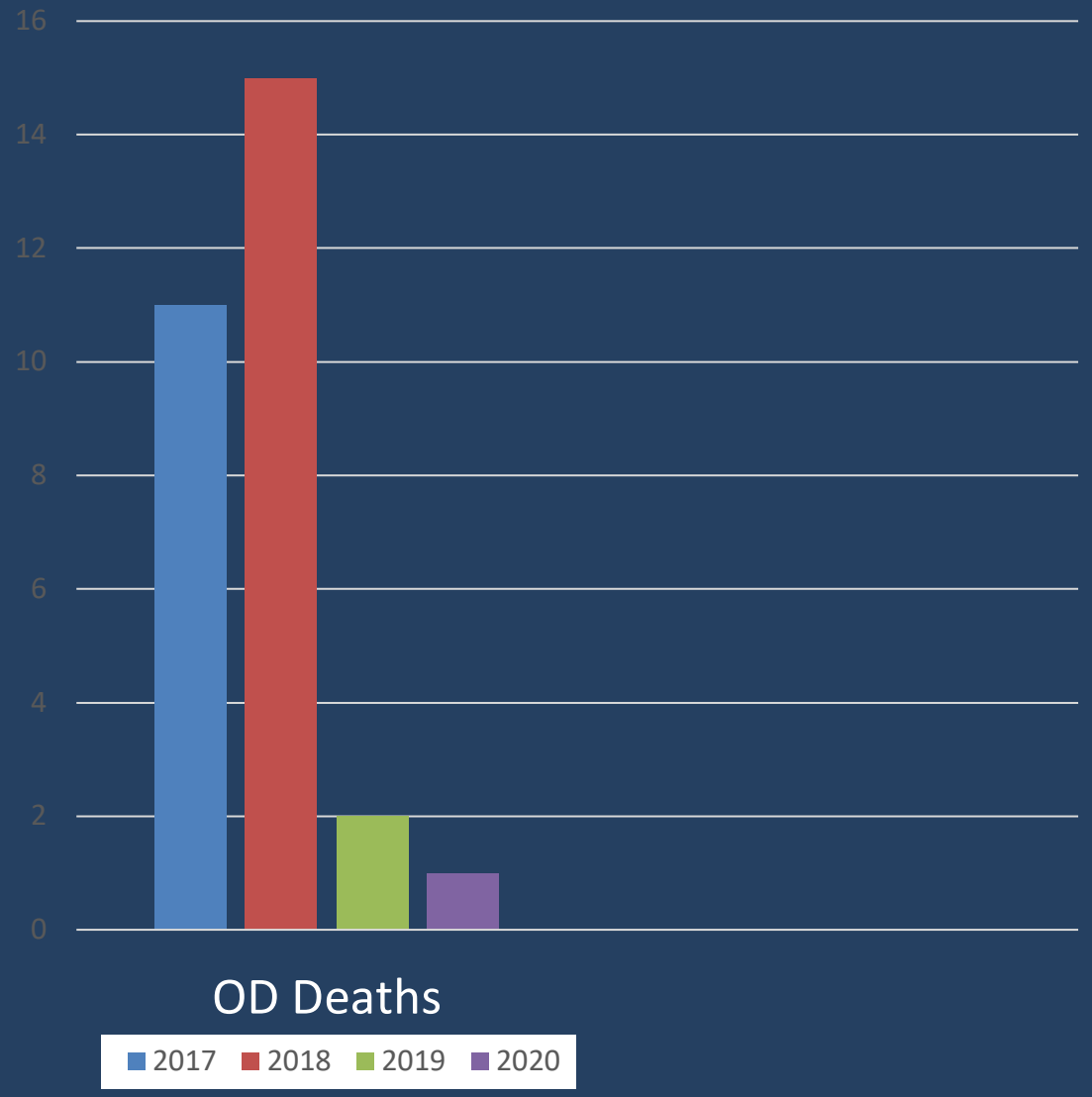
HEALTH MANAGEMENT ASSOCIATES

Kane County Sheriff
Ron Hain

Opioid Impact

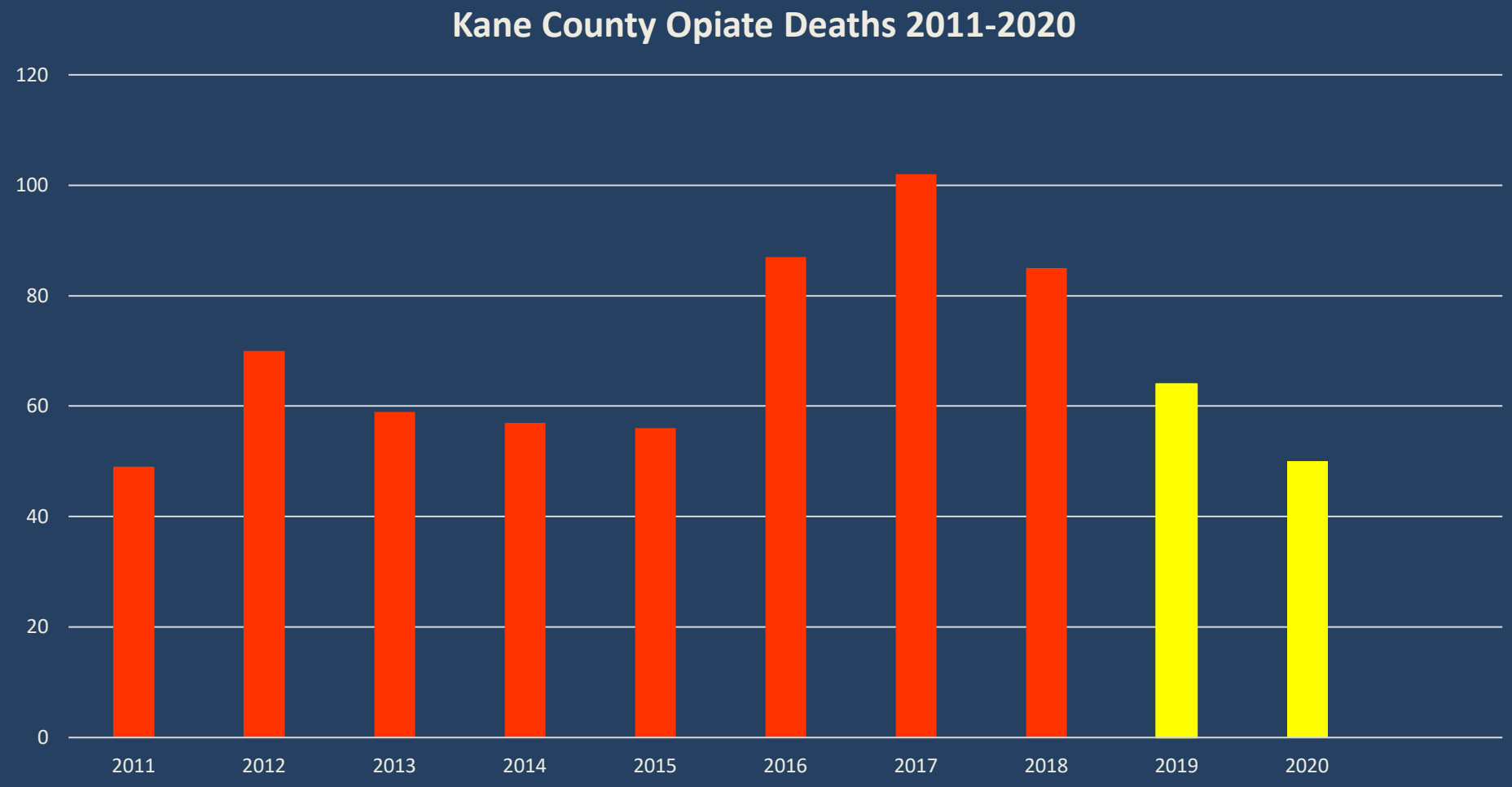


Returning Citizen OD Death



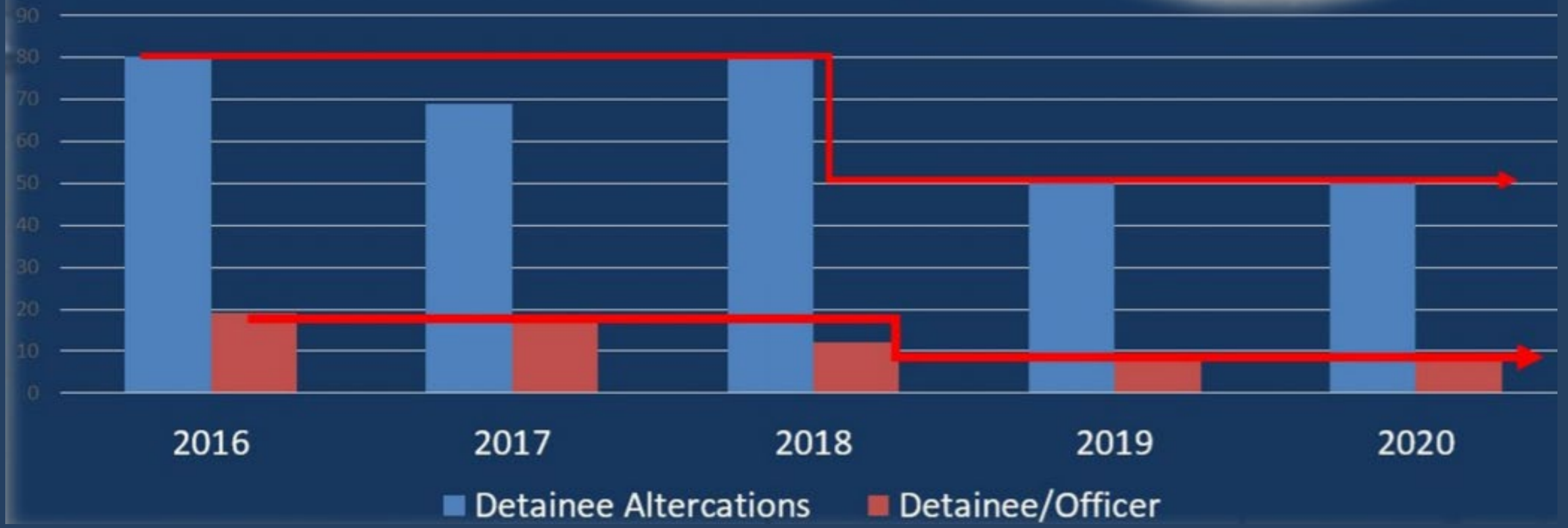
89% decrease compared to two previous years before Recovery Pod

Opioid Impact

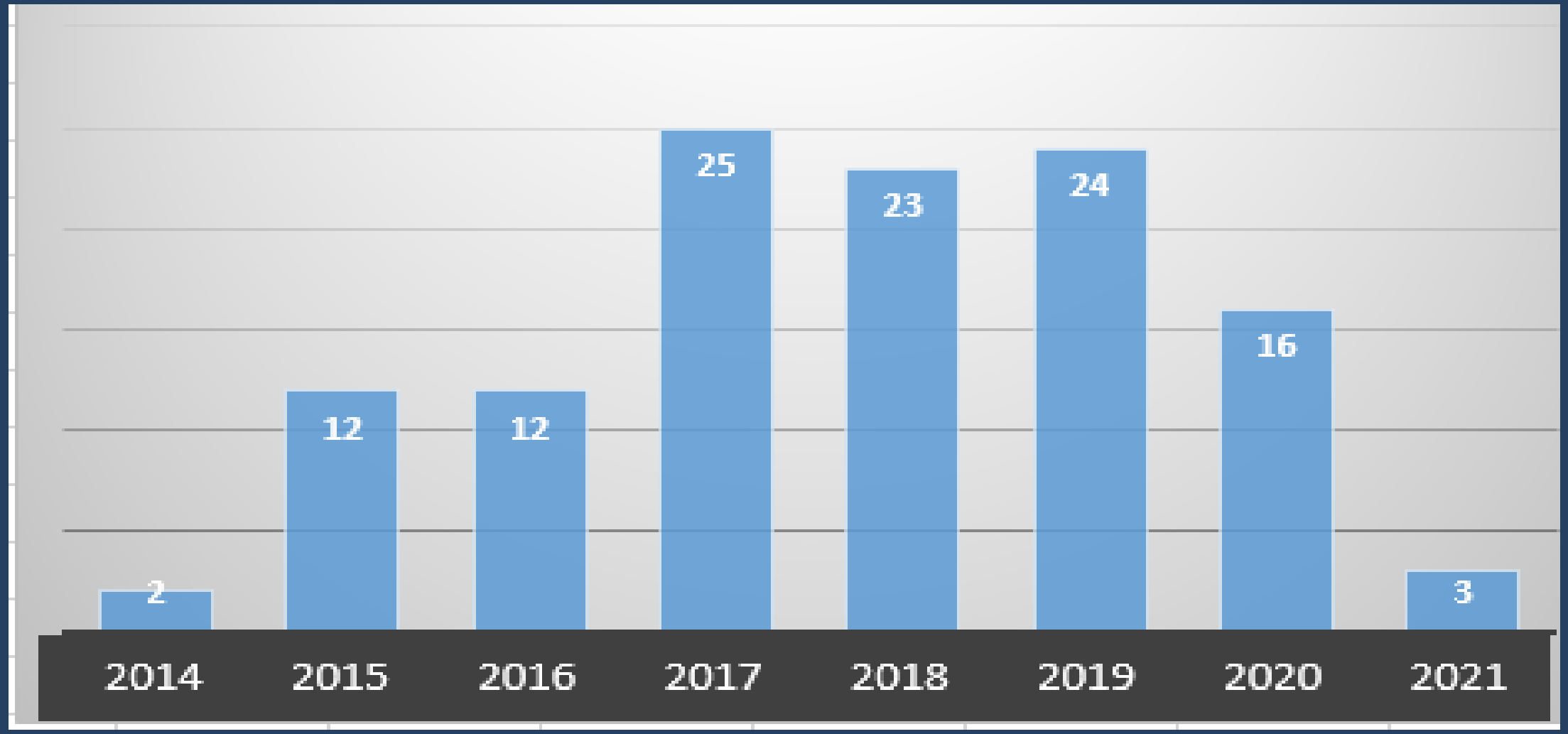


Corrections Bottom Line:

Jail Safety



Total Open and Closed Worker's Compensation Claims from the Corrections Division

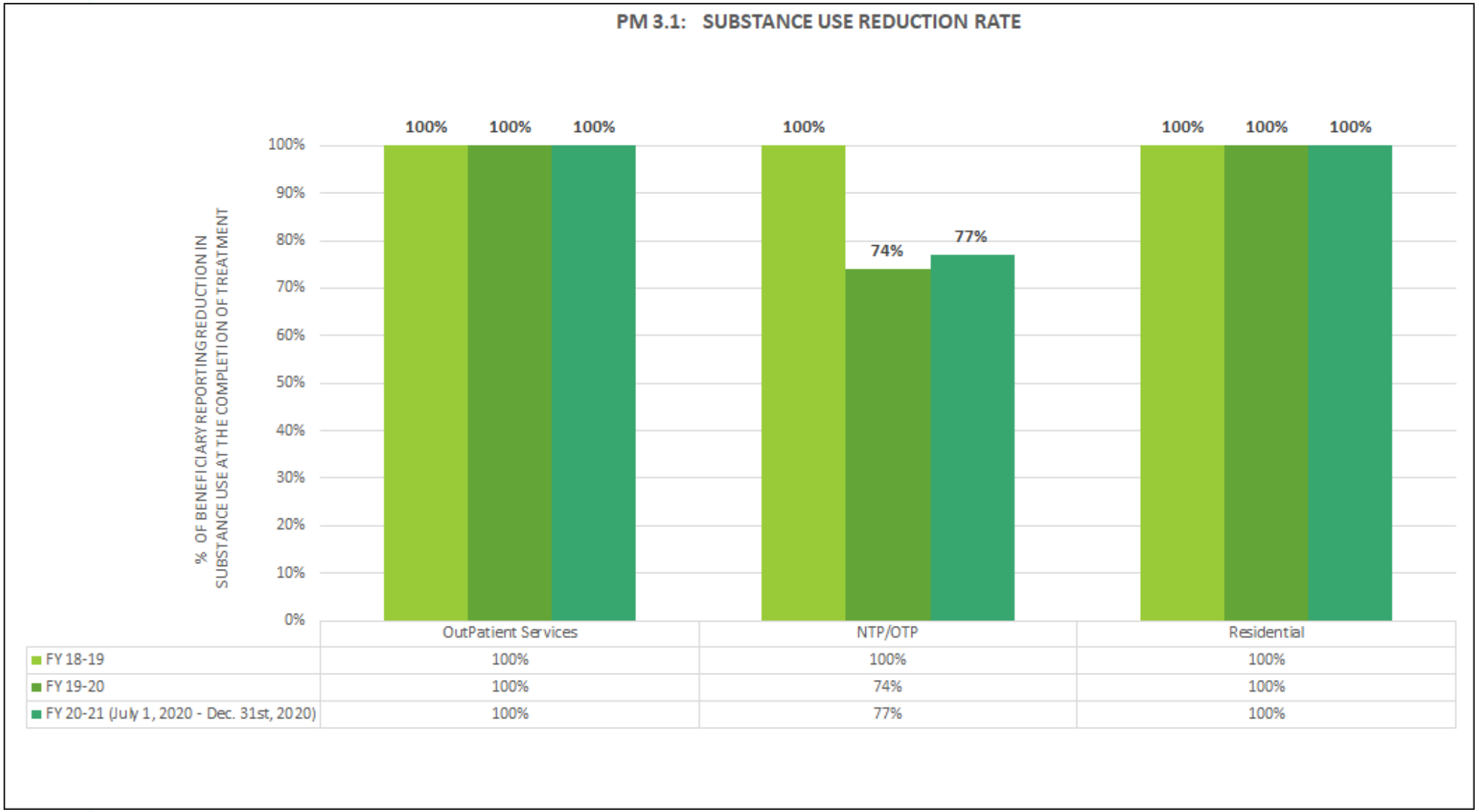


YOLO COUNTY

Julie Freitas
Clinical Manager of Forensics, Homeless and SUD Services
Yolo County Health and Human Services Agency

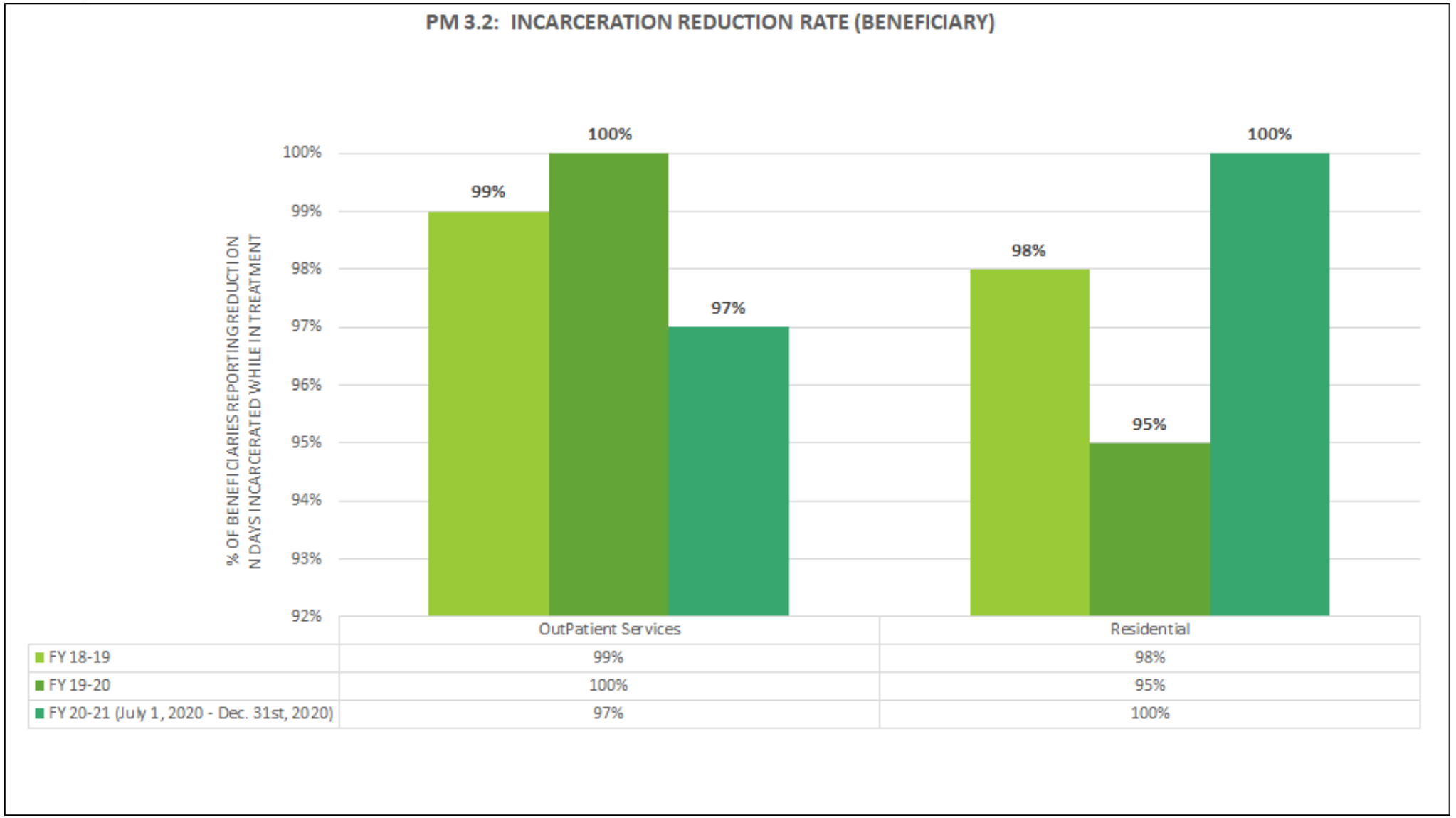
YOLO COUNTY

Substance Use Reduction Rate



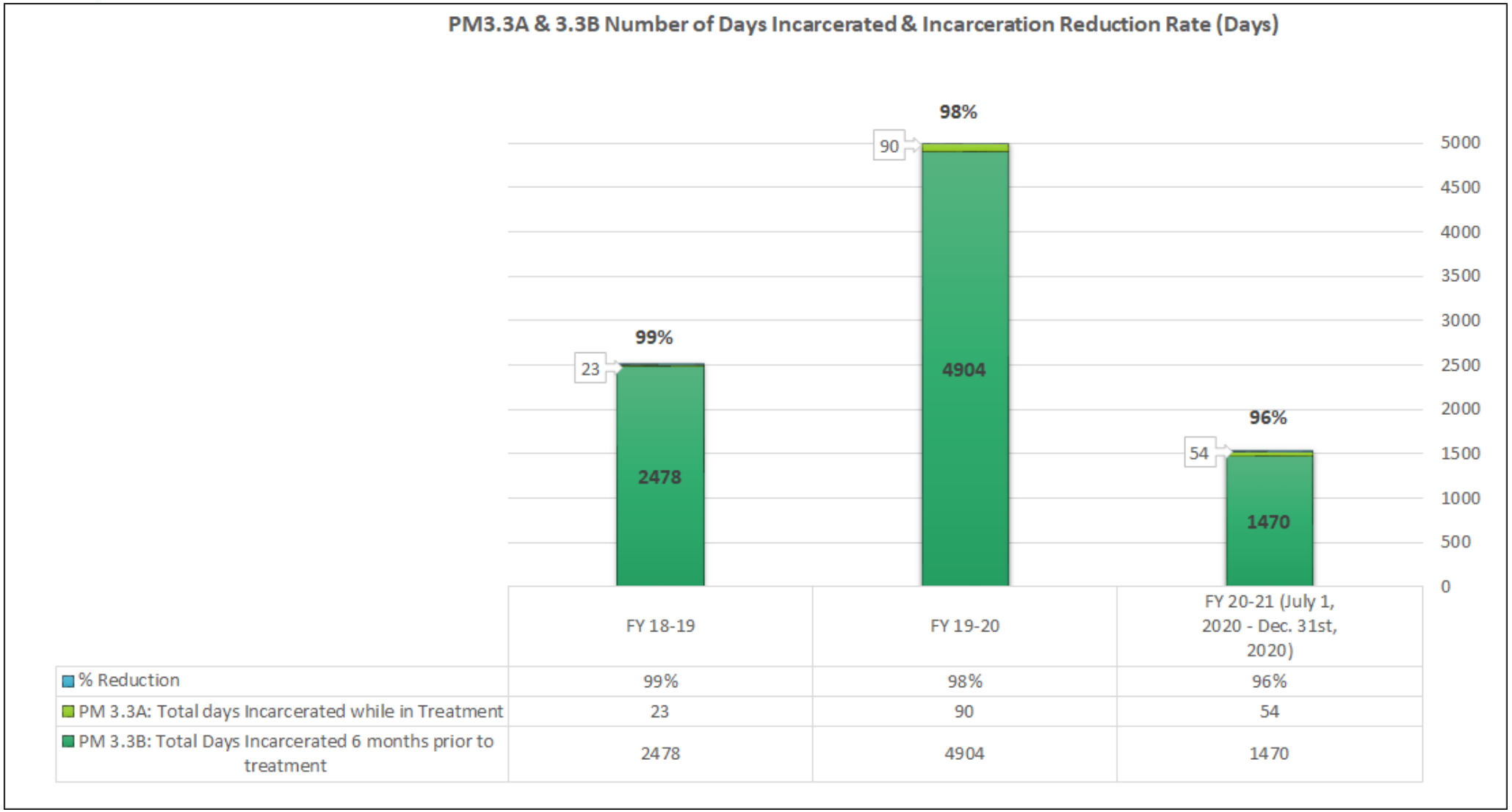
YOLO COUNTY

Incarceration Reduction Rate (Beneficiary)



YOLO COUNTY

Number of Days Incarcerated & Incarceration Reduction Rate (Days)



SANTA CLARA COUNTY

Emilee Wilhelm-Leen, MD
Senior Physician and MAT Lead, Santa Clara County Jail

John Will
Custody Team, Technology Services and Solutions – Health System

HEALTH MANAGEMENT ASSOCIATES

What did we want to know and how did we plan to find out?

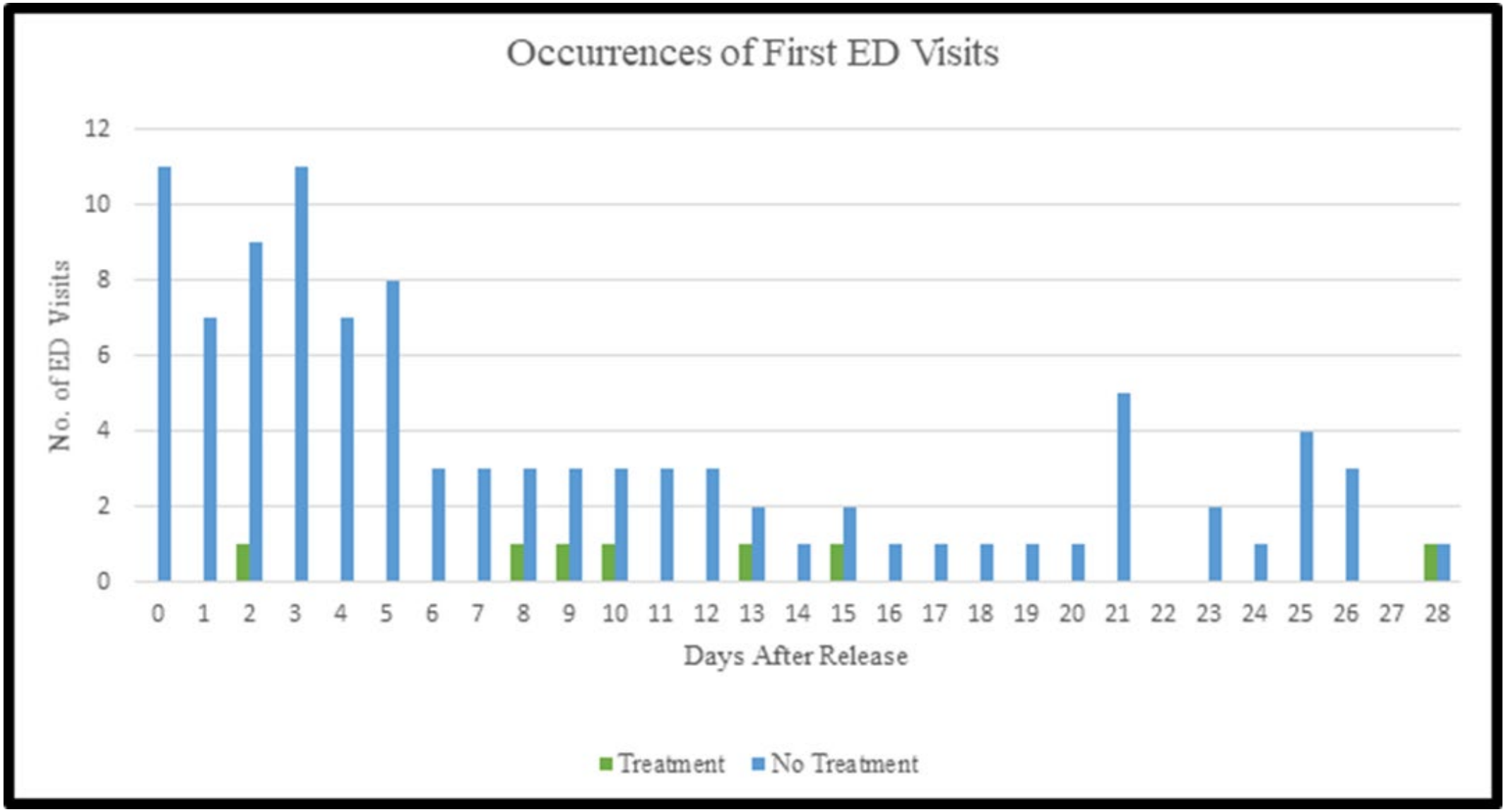
- We planned to investigate 3 main outcomes of providing MAT:
  - Does MAT in custody promote post-release follow-up?
  - Does MAT in custody reduce ED visits?
  - Does MAT in custody prevent SUD-related death?

- Data Collection:
  - All custody and healthcare related data is stored in our EMR (custody and hospital admissions/discharges, ED visits, patient appointments, medication, and demographic data)
  - Data from other County substance use treatment providers stored in different system
  - Data from Medical Examiner stored in different system

Challenges and Results

- Challenges:
  - Getting data sharing agreements in place
  - Manual data collection where necessary
  - Organizing the data in a logical, interpretable format

- Results (under peer review):
  - 611 individuals included in study
  - 52.63% of ED visits within 1 month of release occur in first 7 days
  - 0/21 of the ED visits occurring within 14 days for SUD-related reason were by anyone receiving MAT
  - MAT individuals had significantly fewer ED visits for any reason within 7 days of release
  - MAT treated BIPOC had significantly fewer ED visits within 28 days of release than non-treated peers within 28 days of release (0!)
  - White people received extended-release formulations more often than white individuals with SUD



Santa Clara County

WRAP UP & NEXT STEPS

PRESENTER:
BREN MANAUGH

1:25 – 1:30 pm

UPCOMING EVENTS

The Case for Medications for Addiction Treatment And Other Treatment For SUD: A Judge's Viewpoint

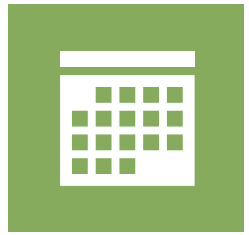
July 13, 2021
Judge Peter Espinoza (ret.)
Register Here

Re-Entry Discussion Group

July 23, 2021
Registration Link Coming!

September All-Team Learning Collaborative

September 23, 2021



December All-Team Learning Collaborative

December 15, 2021

Office Hours are held the 1st (for all team members) and 2nd Thursday (for prescribers) of each month – if you do not have the invitations on your calendar, please email MATinCountyCJ@healthmanagment.com

1. Overall, today's learning collaborative 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

CONTACT US

FOR ANY QUESTIONS OR COMMENTS

MATinCountyCJ@healthmanagment.com

HEALTH MANAGEMENT ASSOCIATES

DHCS