

DISCLAIMER

- This session was conducted for members of county-based teams in CA that are working to expand access to Medications for Addiction Treatment in jails and drug courts. The project is funded through California's Department of Health Care Services (DHCS) with State Opioid Response funding from SAMHSA. The content is being made available to all interested parties. Please note this content has not been professionally edited and the session was conducted using Zoom.
- In the case of any security issues that may occur, this session will immediately end. A separate email will be sent to all participants with further instruction.
- Any data and information collected through polls and chats will only be used to inform future webinar/learning collaborative topics and to provide DHCS with evaluation results.

From Jail Custody to Care in the Community— Solving Access Barriers



CALIFORNIA
HEALTH
POLICY
STRATEGIES, L.L.C.

May 3rd, 2022



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GUEST SPEAKER INTRODUCTIONS

INTRODUCED BY LIZ STANLEY-SALAZAR

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CA BRIDGE GUEST SPEAKERS



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Custody to Care: Solving the Access Crisis in Addiction Treatment

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Objectives

- Understand the technology of Medication for Addiction Treatment and be able to explain how buprenorphine (suboxone) is a safe lifesaving treatment for opioid use disorder
- Understand how to modify workflows to solve for common treatment barriers, such as writing MAT prescriptions before release
- Explain the importance of developing a Pharmacy Home for people leaving custody
- Engage stakeholders to take concrete action steps to increase the likelihood that patients will continue treatment post-release
- Explain their role in ensuring access to treatment for reentry populations no matter where they fall on the corrections continuum
- Address the prevalence of and clinical considerations of stimulants like methamphetamines

CA Bridge Model

Revolutionizing The System Of Care



Low-Barrier Treatment



**Connection to Care and
Community**




**Culture
of Harm Reduction**



Addiction is NOT a moral failing.

**It is a chronic disease that
requires medical treatment.**



Substance use
is the only medical
condition that is also
a CRIME.

Landscape of Justice Involved Care

- Leaders within
 - Judicial System
 - Law Enforcement
 - Health Care
- Lawyers & Judges – criminal prosecution, defense, diversion
- Law Enforcement - court, hospitals, jail, transportation, arresting
- Emergency Response Team - First Responders
- Physicians, Pharmacists, Nurses
- Community advocates – Families & Patients

What would it feel like to share a goals?



...as professionals



...& people who use drugs, families, and community

[Centering Equity in Collective Impact](http://ssir.org)
ssir.org

Anchoring Concepts for All – Opioid Use Disorder 101 --

● Substance Use Disorder

- Chronic condition of brain
- Learning and behaviors change
- Exposure to specific substances
 - Alcohol
 - Tobacco
 - Stimulants – cocaine, meth/amphetamines
 - Sedatives – benzos (xanax, ativan)
 - Opioids – illegal (heroin) prescribed (fentanyl, norco)
 - Cannabinoids, Hallucinogens, Inhalants, Others

Medication for Addiction Treatment

GOAL # 1

Understand the technology of buprenorphine & how it saves lives

- Be able to explain how buprenorphine works to your grandmother
- Respond to your boss who asks, "Isn't that just substituting one drug for another?"

WHAT DOES *TREATMENT* MEAN?

Substance Used?

Medical Context

- *Specific* Substance Use Disorder
- Severity: mild, moderate, severe
- Timeline: Intoxication, Withdrawal, Chronic Care, Overdose

Inequity in Treatment

- Where you live – zip code
- Income, Race
- Insurance, Employment, Immigration Status
- Youth, Pregnant



Medication for Opioid Use Disorder Leads To...

↓ Reduction in drug-related overdose deaths

↓ Reduction in disease

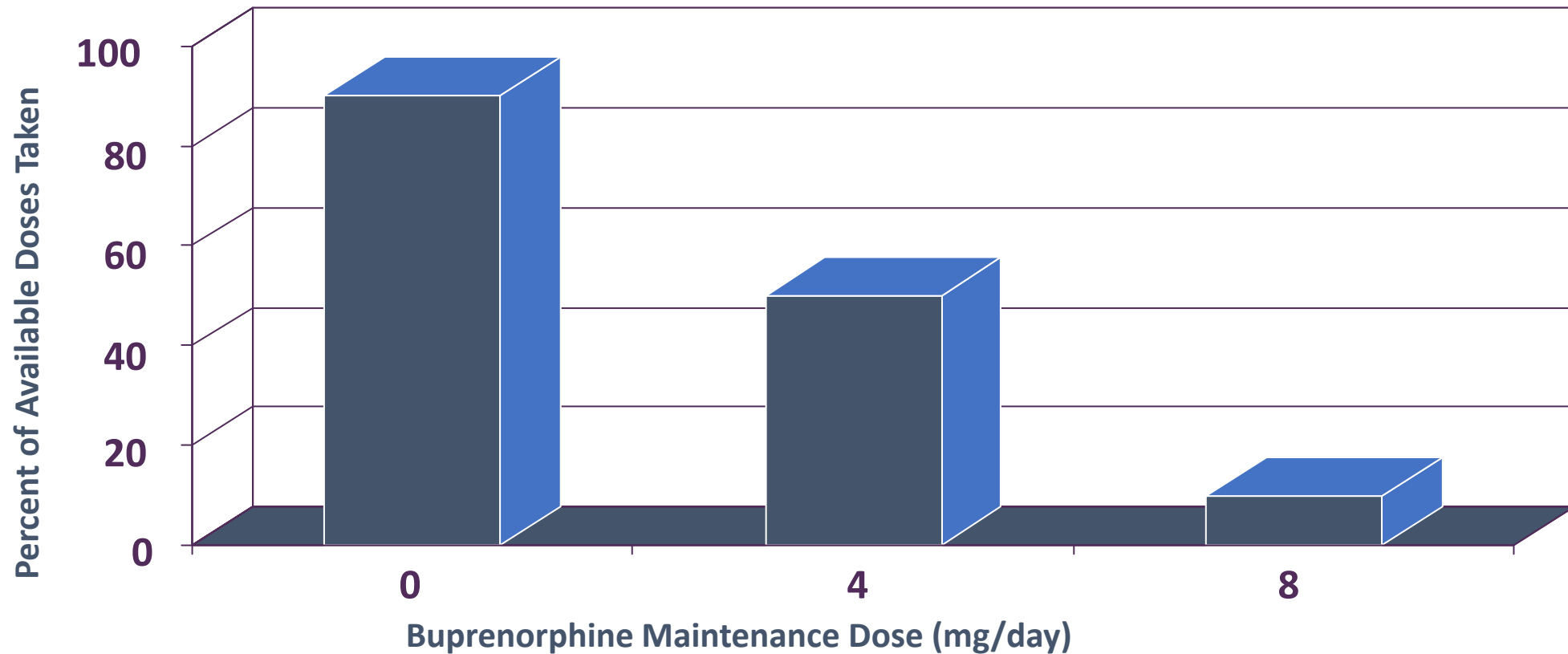
↓ Reduction in violent crimes

Improved treatment outcomes

Substance use disorder (SUD) is a chronic brain condition with treatment. Relapsing is normal and expected. Patients with SUD *need* chronic care.

Q: How much heroin left on table, by people who use heroin every day?

A: With buprenorphine, people do not want heroin – even when its on the table in front of them



(Mello and Mendelson., 1980, Mello et al., 1982)

Medications for Opioid Use Disorder (MOUD)

Methadone

Full mu opioid receptor agonist



Oral (often solution)

Buprenorphine ± Naloxone

Partial mu opioid receptor agonist



Sublingual (tab, film),
IV, IM, subcutaneous injection,
transdermal patch

Naltrexone

Mu opioid receptor antagonist
(blocker)

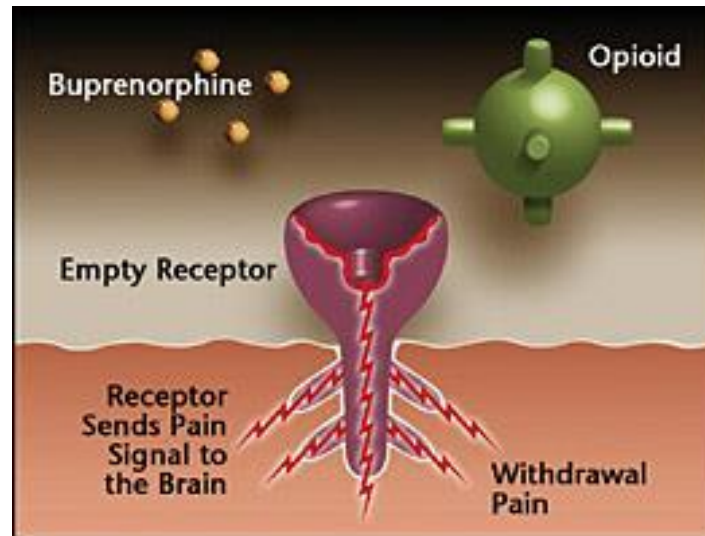


Intramuscular injection
(extended release) or Oral

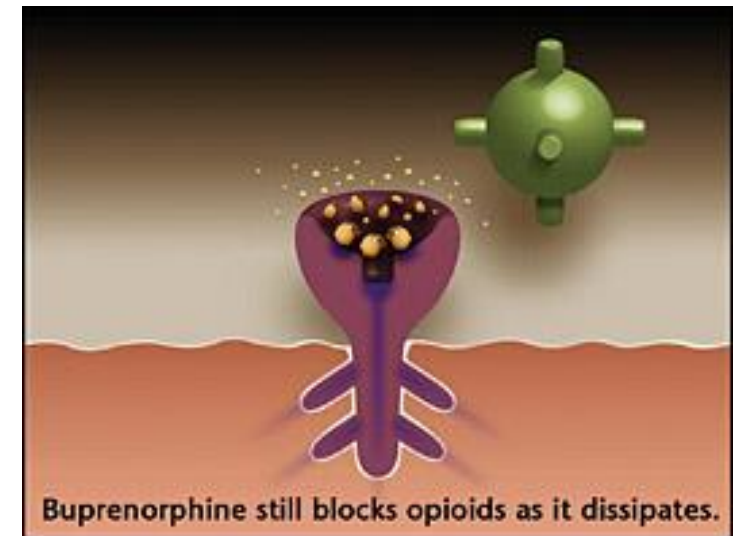
**Bup stabilizes
opioid receptor**



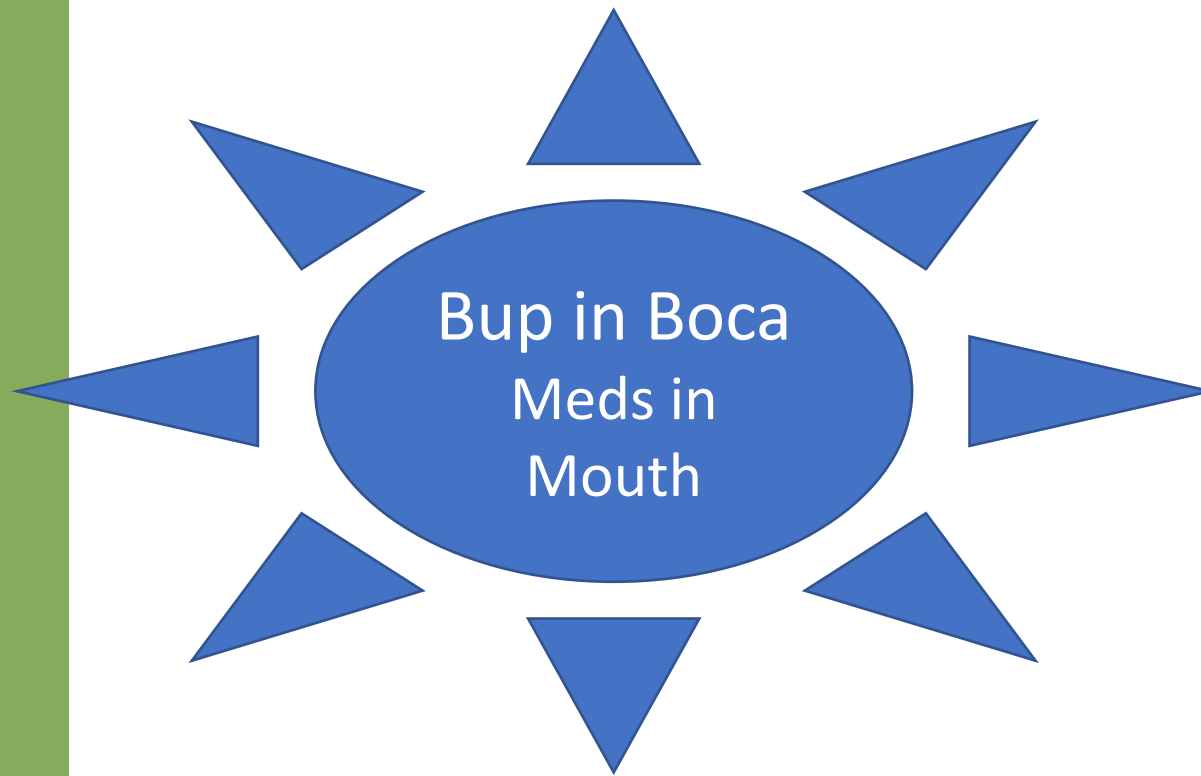
1) Receptor in Brain
Change with Opioids



2) Withdrawal When
Empty Receptor



3) Buprenorphine
Stabilizes & Protects



Bup in Boca
Meds in
Mouth

Modify Workflow to Maximize Care

Normalize Treatment At Start of Intake

Screen by Doing Offering Services

Because so many people in jail have (difficulty with ...) withdrawal, we started quick & safe & effective treatment.

Is it OK for me to ask more about...?

In past month or so have you used opioids like...
heroin, norco...

When do you expect to go into withdrawal?

Same Framework as...

We have food. Are you hungry?

We have insulin, do you have diabetes?

Pharmacy Home

Last stop in care chain is your first action step

"Do you have a pharmacy?"

A: Let's get you connected to a pharmacy home near your...

House, moms house, where you will be released?

"Medications covered by Medi-Cal/state insurance."

"Keep going to pharmacy for refills"



Health Providers – Normalize Treatment

- I am prescribing you buprenorphine to treat opioid use disorder
 - Where should I send the prescription?
 - Have you tried this medication before?
 - Have you heard of <buprenorphine or suboxone> before?
 - Do you know anyone who has tried it?

Similar tone: I am prescribing you antibiotics to treat this infection

Assess response to treatment

OK

- What questions do you have?
- Great, see you next week!

But What About-itis

- Safe, effective. Treat craving and withdrawal
- I want to understand your concerns

- "I took it before and ..."
 - Many people take too little buprenorphine at the wrong time.
 - Would you be willing to try again?
- "I heard that"
 - Most of my patients tell me "I feel like my old self again before I started using drugs..."
 - Connecting to "No-No-No"s later

Flipping Care



- Do the last thing first.
- On arrival, write for discharge medications & engage navigator

Starting Treatment Buprenorphine

- Do you know when you will go into withdrawal?
 - Can we Schedule to Start Tomorrow?
 - Symptom Triggered Dosing
- Role of Navigators, Peers, and Supporters
- After OVERDOSE
 - CUSTODY: The best thing to prevent death in custody is treat opioid use disorder with medication
 - Buprenorphine prevents overdose death
 - Naloxone

Connect to the 'No's



Sounds like you have made up your mind. Are you willing to

- Talk with Navigator further?
- See me next week?
- [Find a YES!]

Managing the "no no no"

- **Set up a Yes ... for tomorrow**
- Patient, Please Come Back Anytime!
- Staff, don't burn-out

Connect to the 'No's

- Likely most vulnerable people, at highest risk
- Least likely to receive equitable care

Do these 4 things:

- Send prescription to pharmacy home
- Connect with Navigator
- Naloxone in hand
- Return empathy and compassion

"Because Buprenorphine is SO SAFE & SAVES LIVES
and when you leave, it can be hard to see a
doctor... I want to you have access to life-saving
treatment in future I will PRESCRIBE buprenorphine
to NEARBY PHARMACY.

The number for follow up is on the bottle. It's active
for the next 6 months, JUST WALK IN TO
PHARMACY"



BUT WHAT ABOUT DIVERSION



Reframe accurate behavior

- Sharing things that work with someone you care about
- Sharing for gain
- Being exploited or coerced
- Other (mental illness)



MANAGING DIVERSION



Reduce Demand with access to care legitimate safe supply

- Buprenorphine NORMAL ACCESS
 - Primary Care & Specialty Care
 - On arrival, stay, transitions, discharge
 - Delivered in Usual Pill Line
 - Pros-cons Tablets vs Films
 - 8-2mg or 12-3mg buprenorphine-naloxone tablets

- Long-Acting Injectable

MAKE LEGITIMATE MEDICAL CARE...EASIER THAN DIVERSION



Encourage Connection

- For a friend

Mindful of Unintended Consequences

- When bup available only for
 - Pregnant People – unintended coercion to remain pregnant
 - Post-Overdose
 - HIV, Hep C
 - Came in on it, get it outside

MAKE BUPRENORPHINE ~~BEST~~ BORING

Getting Buprenorphine to People in Jail

- Investigate individual cases of diversion, rather than set up a system to limit access over-all
- Set up a recurring pro-active call with partners in care
- Pilot care

Treat bup like antibiotics

- Deliver with Fewest Steps
- Deliver with Fewest Staff
- Custody does usual job of safety

Treat naloxone like an AED



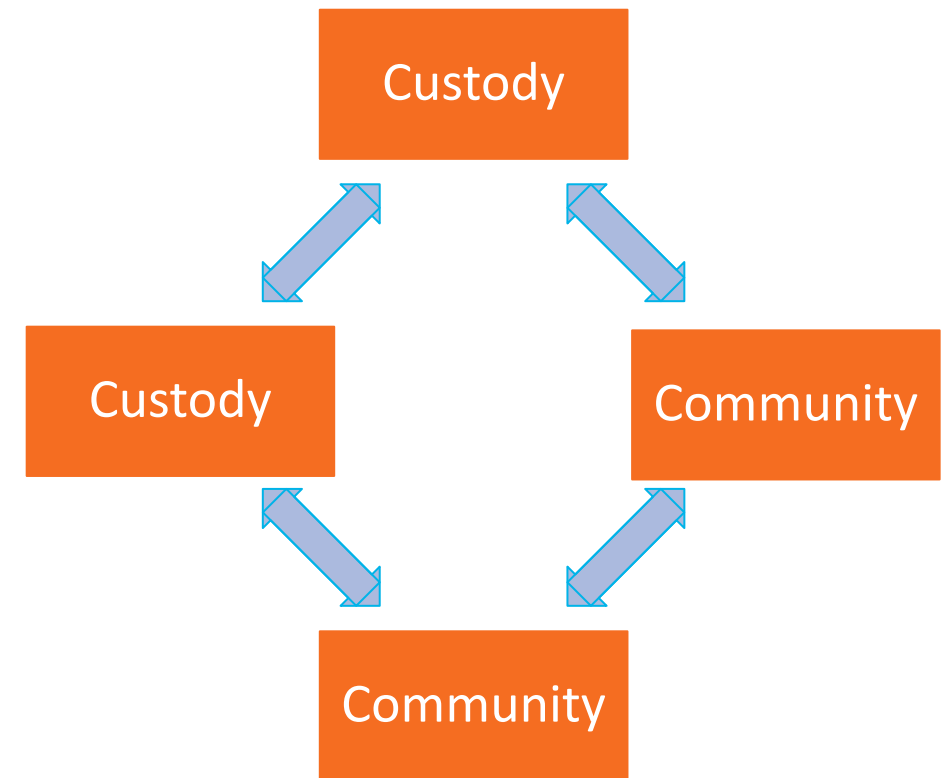
Justice Involved
Black Hole Problem
“You don’t See Me”

Bridge Care Transitions with Navigators and Pharmacy Homes

Community, "Why doesn't jail provide?"

Correctional Health Care, "Why doesn't the community care for my patients?"

- Buprenorphine is long acting, safe.
- Most people have a stuttering start-stop-start pattern of use.
- DO WHAT YOU CAN IN YOUR SETTING
- ENGAGE NAVIGATOR



Pharmacy Home

Build A Bridge

- Discharge Medications with REFILLS

Navigator

- County Physician Staffed MAT line
 - LA County 213 288 9090, 8a to midnight
 - All Helping Professional Facing
- Stickers on Naloxone Distributed
 - "Call Hotline for Treatment"
 - [LosAngelesMAT.org](https://www.LosAngelesMAT.org)
- CA Bridge
 - Transforming County Emergency Departments to Bridge Care
 - CA Bridge Navigators
 - Behavioral Health Navigators



Stimulants Use Disorder

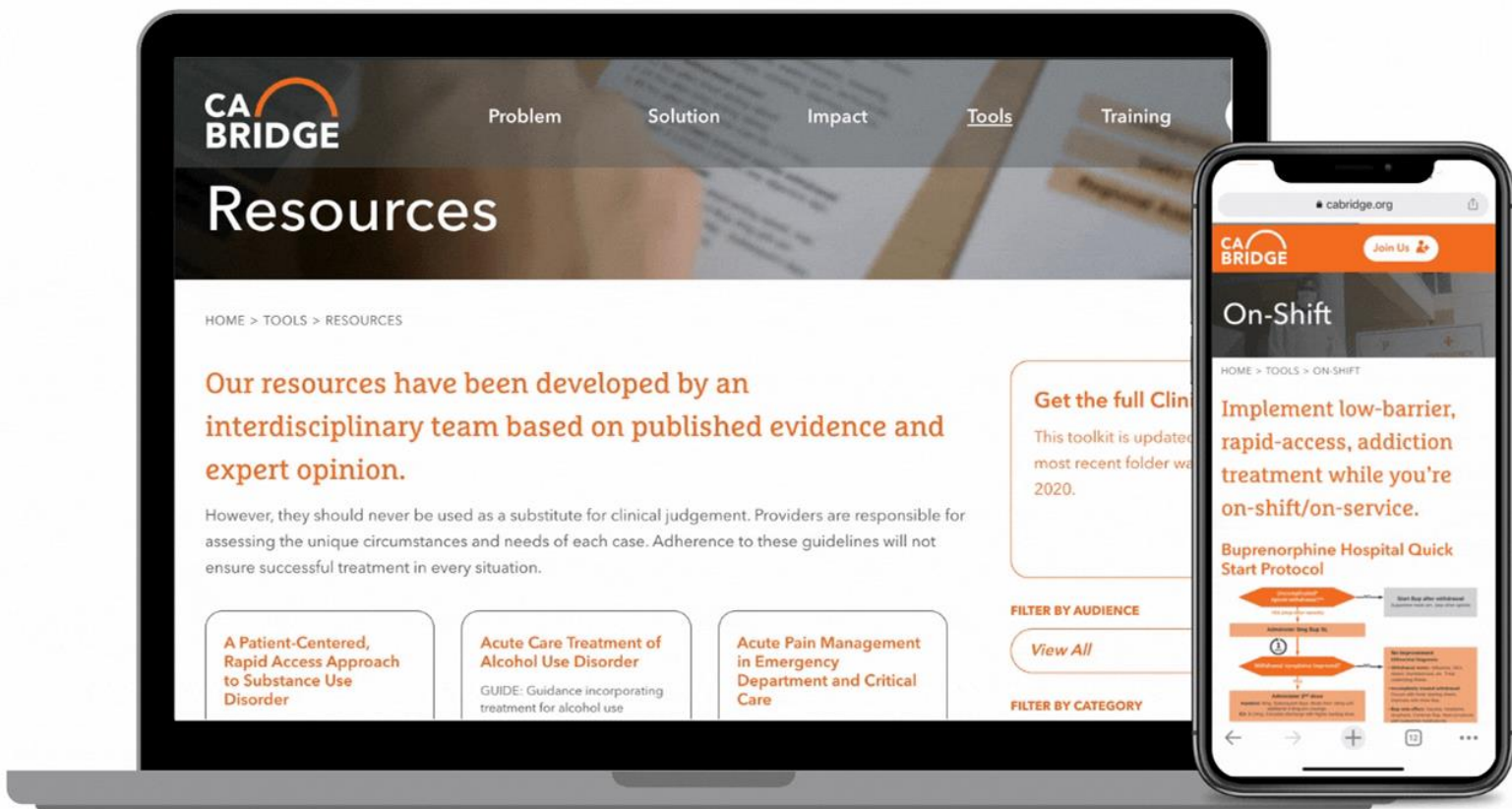
One more thing...

Treatable Medical Condition

Structural Rewards

Providing Quality Care

Resources



Join us.

cabridge.org

Visit our website for tools and resources

cabridge.org/join-us

Join our email list for new announcements



[@BridgeToTx](https://www.instagram.com/BridgeToTx)



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WRAP UP AND EVALUATION

I POLLING QUESTIONS

1. Overall, today's webinar 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
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HEALTH MANAGEMENT ASSOCIATES



UPCOMING EVENTS

+ **Adolescent Substance Use Disorder (SUD): Medication Assisted Treatment (MAT) 101 – May 18th**
[\(REGISTER HERE\)](#)

