

Connecting Individuals to Treatment in the Community

CONTINUING TREATMENT IN THE COMMUNITY = BETTER OUTCOMES

Research shows that individuals who receive substance use disorder treatment while in jail have better outcomes when treatment is continued in the community post-release. Connecting individuals to treatment immediately after they are released from jail is extremely important. Individuals who leave custody are at high risk for negative outcomes and overdose death. Former inmates are up to 40 times more likely to die of an overdose in the first two weeks after their release from prison. Programs that provide MAT to individuals in the correctional setting and post-release have resulted in fewer overdose deaths post-release.

DID YOU KNOW?

According to a study of people leaving prison in North Carolina:

Former inmates are **40x** more likely to die of an opioid overdose in the two weeks following release from prison.

And **10x** more likely to die from an overdose in the first year following release compared to the general public.



This resource was created by Harbage Consulting with support from the Department of Health Care Services

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BUILDING RELATIONSHIPS WITH COUNTY BEHAVIORAL HEALTH

For Medi-Cal, substance use disorder (SUD) services are managed by each county's behavioral health department. It is important for county criminal justice settings to develop strong working relationships with county behavioral health departments, so that people in custody can make a smooth transition back into the community and be successful in their treatment. County criminal justice settings should connect with their behavioral health counterparts and encourage continued communication on shared priorities.

Telling someone that they are not "clean" if they are using MAT can seriously jeopardize their chances of recovery.

HOW CAN I HELP INDIVIDUALS FIND A MAT PROVIDER IN THE COMMUNITY?

- 1 Check the MAT locator at ChooseMat.org.**
- 2 Help the individual call providers in their community to see if they take their insurance and have availability for an appointment.**
- 3 Try to talk to the provider to support a smooth transition.**

Look for providers that offer a variety of treatment approaches, including MAT and other evidence-based treatments. That way, each individual can work with their provider to find the best treatment approach for their unique needs. Programs that only offer abstinence-based treatment don't work for most people with an opioid use disorder. Four out of five people with an opioid use disorder who receive treatment without MAT relapse within two years.

If possible, involve a case manager that can help create a plan

based on the individual's specific needs. Case managers can also help the individual access a variety of community services and supports that can help them get back on track. Case management has been shown to improve treatment outcomes for substance use disorders.

The development of a Collaborative Comprehensive Case Plan (CC Case Plan) provides a tailored plan that addresses each client's individual needs. A CC Case Plan is one that includes information from behavioral health, psychosocial and criminogenic risk assessments to establish a comprehensive re-entry plan.

In Sacramento County Jail, Reentry Specialists serve as case managers for up to one year after an individual is released from custody. The Reentry Specialist coordinates with community service providers and schedules appointments for community MAT administration before the individual is released from custody.

¹ National Institute on Drug Abuse. "Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide," April 2014. Available at: bit.ly/2NsoQrc.

² Ranapurwala, S. I. et al. "Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015," *American Journal of Public Health* (2018), 108, 1207-1213. doi: 10.2105/AJPH.2018.304514.

³ Green, Traci C. et al. "Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System," *JAMA Psychiatry* 75, no. 4 (2018): 405-407.

⁴ Bart, Gavin. "Maintenance Medication for Opiate Addiction: The Foundation of Recovery," *Journal of Addictive Diseases* 31.3 (2012): 207-225. doi: 10.1080/10550887.2012.694598.

⁵ Shwartz, M. et al. "Improving Publicly Funded Substance Abuse Treatment: the Value of Case Management," *American Journal of Public Health* (1997), 87:10, 1659-1664. doi:10.2105/ajph.87.10.1659.

⁶ CSG Justice Center. "Best Practices for Successful Re-entry for People who have Opioid Addictions," November 2018. Available at: bit.ly/2BI8TaH.

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INDIVIDUALS WITH MEDI-CAL COVERAGE

Medi-Cal covers all types of MAT for opioid use disorder (methadone, buprenorphine, naltrexone), but may not cover all forms of the drug. Individuals with Medi-Cal do not have a co-pay (a portion of the cost that they must pay themselves) for MAT medications.

For Medi-Cal, substance use disorder (SUD) services are managed by each county's behavioral health department. In most counties, the county behavioral health department must have a provider directory (or provider list) posted on their website. You may also be able to call an access line for help. Access lines and websites for each county are listed at

bit.ly/2V4lfGs.

Some counties are participating in a pilot program called the Drug Medi-Cal Organized Delivery System (DMC-ODS). Counties participating in DMC-ODS offer a full range of SUD services, from outpatient treatment to withdrawal management. Individuals who live in counties participating in DMC-ODS will have different, expanded treatment options available, including an access line available around the clock to access SUD services. Access lines and websites for each county are listed at bit.ly/2V4lfGs.

HELPING INDIVIDUALS OBTAIN MEDI-CAL COVERAGE

Counties are required to suspend, rather than terminate, Medi-Cal coverage when an individual with Medi-Cal coverage is incarcerated for up to one year. This allows the individual to resume Medi-Cal coverage immediately upon release, within one year of entry.

If the individual was not already enrolled in Medi-Cal, jail staff can work directly with counties to help the individual complete a pre-release Medi-Cal application.

Making sure the individual has coverage when they are released is important. Individuals released from custody with health coverage are more likely to use community services and supports that can help them get their life back on track. If the individual must wait for coverage to take effect after their release, they may miss important appointments or MAT doses, which will lower an individual's chances of recovery.

INDIVIDUALS WITH OTHER SOURCES OF COVERAGE, OR NO COVERAGE

Most insurance plans post provider directories online. These can be accessed using an online patient portal.

If the individual does not have insurance and is not eligible to enroll in Medi-Cal, there may still be treatment options available in the community. Many substance use providers have grants that can cover uninsured individuals. Check with your local narcotic treatment program (NTP) about whether they may be able to help. A directory of NTPs is available at bit.ly/32YanJV.

The California Hub and Spoke System is expanding access to MAT providers throughout the state. Providers participating in the Hub and Spoke System provide MAT services to individuals who are uninsured or underinsured. For a list of Hub and Spoke System providers, visit bit.ly/2MYtka3.

A directory of NTPs is available online at bit.ly/32YanJV.

⁷ Jones, Scott R. "Strategies for Success: a Proactive Response to Public Safety Realignment," November 2018. Available at: bit.ly/2ohVt23.

⁸ National Commission on Correctional Health Care. "Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field," November

2018. Available at: www.ncchc.org/jail-based-mat.

⁹ California Department of Health Care Services. "All County Welfare Directors' Letter 14-26: Implementation of Assembly Bill (AB) 720 - Suspension of Medi-Cal Benefits for All Inmates and Other Requirements," May 6, 2014. Available at bit.ly/2NoTEcg.

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WHERE CAN INDIVIDUALS ACCESS MAT IN THE COMMUNITY?

MAT may be offered in a variety of community settings, including:

- 1 Licensed Narcotic Treatment Programs (NTPs):** NTPs provide all forms of MAT, as well as medication management, counseling, and recovery services. NTPs are the only settings licensed to offer methadone to treat OUD. Many also offer other medications.
- 2 Outpatient SUD Treatment Programs:** Outpatient treatment programs operated by the county or private organizations offer counseling and recovery services and may offer MAT.
- 3 Primary Care Settings:** MAT can be provided in doctor's offices, community clinics, federally qualified health centers, and other primary care settings. Buprenorphine can be prescribed or administered by a qualified practitioner who completes additional training and receives a DATA 2000 waiver. Naltrexone can be prescribed without a waiver.
- 4 Emergency Departments and Hospitals:** Any provider in a hospital or emergency department may administer buprenorphine (give to the patient to take under observation) for up to three days in order to relieve acute withdrawal symptoms and facilitate patient referral to treatment. Providers with the DATA 2000 waiver can prescribe buprenorphine to patients in the hospital or emergency department by phone or through a prescription to be filled at a pharmacy.