

Re-Entry Services for Clients on MAT



Carol Clancy, Psy.D | HMA Principal

County Presenters:

Vicky Reilly

Lila Park

Mindi Johnson

Shawna Garcia

Derek Martin

Paula Nannizzi

Cecil Argue

Terry Hart

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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 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.

AGENDA

- + Welcome and introductions
- + Zoom features
- + Best practices on Re-entry
- + County presentations:
 - + Ventura
 - + Placer
 - + Tehama
- + Q&A

ZOOM FEATURES

- + You will join the meeting muted
- + The preferred audio is using “Phone Call” and enter your participant ID so that your name is associated with your phone number
- + Use the “Chat” feature to type in a question or make a comment
- + Q&A will start after all three counties have presented
- + Polling questions will be used



RE-ENTRY SERVICES

- + Throughout the learning collaborative, many counties have established MAT services in jail
- + Establishing continuity of care is crucial for clients re-entering the community
- + A focus area of the MAT in County Criminal Justice system learning collaborative is re-entry services for clients on MAT

TODAY'S PRESENTATION

- + We have asked three counties to present today
- + All counties are in Cohort 1 of the MAT in County CJ learning collaborative
- + Each county will discuss:
 - + Coordination of services between jail and community
 - + The role of Probation in supporting treatment
 - + Facilitation of communication
- + Prior to the County presentations, we will review best practices on re-entry

BEST PRACTICES FOR RE-ENTRY: NATIONAL JUSTICE REENTRY RESOURCE CENTER

Training probation and parole officers on how to work with people who have opioid addictions.

Specialized caseloads for those individuals who have co-occurring substance addictions and mental illnesses.

Access to all three FDA approved medication options.

Continuation of MAT services throughout all intercept points, including re-entry.

The length of time a person is on MAT should not be associated with success or failure.

The decision to start or stop MAT is one to be made only by the patient in conjunction with a licensed medical practitioner.

BEST PRACTICES FOR RE-ENTRY: JUSTICE CENTER OF THE COUNCIL OF STATE GOVERNMENTS

Agencies should work collaboratively to share relevant information with each other through uniform release of information practices.

Screen and assess for opioid addiction at all intercept points and establish a process to refer individuals for a full clinical substance addiction assessment when indicated.

Ensure behavioral health treatment, and medication assisted treatment are delivered in the correctional facility and upon release in the community.

Integrate cognitive behavioral interventions in the correctional facility and in the community to address criminogenic risk and need factors.

Facilitate in-reach by community-based behavioral health treatment providers and probation staff into correctional facilities.

Create a relapse prevention plan, distribute materials on overdose prevention and provide naloxone upon release when possible.

POLL QUESTION

How closely does your county follow best practices for re-entry services?

1. Somewhat
2. Depends on the Probation Officer
3. My County consistently follows best practices for MAT implementation

Tehama County

Presenters:

Lila Park
Mindi Johnson
Vicky Reilly



Population: 65,084

Average Daily Jail Population: 197

Number of Jails: 1

+ MAT Treatment in the Jail

- + Inmates who are on buprenorphine at the time of arrest are continued on it in jail
- + Inmates on Vivitrol or oral naltrexone are continued as needed depending on the amount of time they are incarcerated
 - + Vivitrol patients may have injection withheld until just before release date

+ Behavioral Health Treatment in the Jail

- + Inmates have access to both a psychiatrist and BH clinician for counseling services
- + Both are currently done via telemedicine

+ Screening Process in the Jail

- + All inmates are screened with TCU PSY, CTS and Drug Screen 5 and the AUDIT
- + Screenings are scored by jail Medical Assistant
- + Those scoring “urgent” and “moderate” are forwarded to Behavioral Health Counselors and Drug & Alcohol Counselors as appropriate
- + Treatment plan is developed and those within 90 days of release are sent to Re-Entry Team for discharge planning and continuation of services
- + Re-Entry Team consists of a jail Correctional Officer who leads the meeting and various community partners
- + At the weekly Re-Entry Team meetings, discharge planning and continuation of services is discussed for inmates who are being released soon
- + Probation officer to staff releases with re-entry team if they are on probation or PRCS
- + Jail release slip to probation officer
 - + Often probation officer does not know of release or any diagnosis, prescribed medication, or if on MAT

+ Probation Officer Training

- + Probation officers do not receive training on opioid use
- + Educated through drug and alcohol staff, drug court officer

+ Treatment Support from Probation Officers

- + Enforce court ordered terms and conditions
 - + Shall participate in and complete drug and alcohol services

+ Probation Support Through Re-Entry

- + Officer participates on the re-entry team
- + Working toward consistent communication between Probation and community treatment providers

+ Treatment Providers and Probation Working Together

- + We make sure that the Probation Department and Sheriff's Department are educated on MAT and how it can benefit their clients
- + There is good communication between Drug & Alcohol counselors and probation officers
- + ROI signed on all clients so that we can all work together.
- + Monthly meetings
- + Officer and provider talk when needed
- + Discuss options: rehabilitation, counseling, sanction, incentive

+ Services Available for Post Release Support

- + Drug and alcohol (Tehama County Substance Use Recovery)
- + Rolling Hills Clinic (treatment, counseling)

+ Current Policies in Place for Treatment

- + MAT policy outlines guidelines for participating in the program

Placer County

Presenters:

Derek Martin
Shawna Garcia
Paula Nannizzi



Population: 398,329

Average Daily Jail Population: 700

Number of Jails: 2

Placer County Jail provides MAT treatment, including:

Suboxone/
Buprenorphine

Methadone for
pregnant women

Counseling is
provided for all
clients on MAT

PLANNING AND COORDINATION

- + Inmates are identified at intake if they meet criteria for MAT.
- + The MAT navigator starts release planning when client referred to them:
 - + In county residents:
 - + Navigator coordinates discussion with HHS treatment providers, Probation and CBO's.
 - + Once plan is established, navigator makes referral.
 - + Out of county residents:
 - + Navigator contacts that county's Public defender or court liaison for treatment options or advocates directly.

PROBATION SUPERVISION

- + In Placer County, Probation and the courts accept MAT as an effective treatment approach.
- + A recent all-county training was completed for Probation and HHS on MAT and Substance Use Disorder.
- + Probation Officers are alerted to online trainings on MAT and SUD
- + For each client that has been identified as needing SUD services, an mail thread which includes treatment providers and probation is started, so all are informed of release plans.

COMMUNITY SUPPORT AND TREATMENT

- + Placer has a robust network of MAT services available upon re-entry, including 16 treatment sites
- + Narcan bags and resources are provided upon release
- + Dedicated SUD staff to provide:
 - + SUD screening and case management services while transitioning to community supports



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Ventura County

Presenters:

Terry Hart
Cecil Argue



Population: 851,297

Average Daily Jail Population: 1,550

Number of Jails: 2

BEHAVIORAL HEALTH AND MAT TREATMENT IN JAIL

- + Prior to MAT in County CJ learning collaborative, no inmates were continued on MAT, unless pregnant
- + In 2019, Ventura began implementation of a MAT program with the MAT in County CJ grant:
 - + Ventura Jail began tracking inmates with OUD
 - + Inmates who were on Suboxone at the time of their arrest were withdrawn, but Suboxone was restarted 7 days prior to release.
 - + An LMFT counselor was hired through Wellpath who worked with inmates who had OUD throughout incarceration, and refer them to treatment post-incarceration.

PLANS FOR MEDICATION ASSISTED TREATMENT

- + Due to staff changes, and the need for staff to address COVID, Ventura is currently reworking MAT expansion.
- + Ventura County Jail will soon maintain detainees on all forms of MAT throughout their time in custody, including Suboxone, Methadone, and Vivitrol.
- + This is in the planning stages.

PLANNING AND COORDINATION

- + Every arrestee is screened for Opioid Use, and is monitored and treated for withdrawal symptoms
- + Once an inmate is identified as having Opioid Use Disorder, there is coordination among departments to plan for re-entry services in the community
- + Coordination Team:
 - + In-custody Deputy Probation Officer (DPO),
 - + Inmate services
 - + Wellpath
 - + Field DPO

REFERRAL PROCESS

An arrestee is identified as having Opioid Use Disorder is referred to the in-custody DPO once sentenced

The DPO and Inmate Services work with the client throughout incarceration.

Release planning starts 30-45 days prior to release.

Probation is in the process of contracting with a CBO to provide supportive services upon release.

PROBATION SUPERVISION

- + All Probation Officers receive training on working with probationers who have SUD
- + Once released, while probationers are in treatment, their DPO meets with them regularly to offer support and encouragement.
- + Treatment facilities provide weekly updates to the DPO.
- + By working with treatment providers, Probation can provide support and accountability through the use of graduated sanctions.
- + This prevents a probationer from being sent back to jail the first time they have a relapse.

COMMUNITY SUPPORT AND TREATMENT

- + There are many services available in the community to provide support for justice involved individuals with OUD:
 - + Adult Resource and Reporting Center
 - + Interface Reentry Services
 - + Ventura County Behavioral Health
 - + Pay For Success
 - + Sober Living homes
 - + Residential treatment

FUTURE PLANNING

- + Probation will be using funding from the MAT in County CJ grant to contract with a Community Based Organization to provide additional support to probationers on MAT



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QUESTIONS?

- + We will now have time for questions
- + If you already put questions in the chat box, we will go in order of when they were placed
- + If you have additional questions, please add to the chat box



FOLLOW UP DISCUSSION

- + We will have a follow up discussion group on Friday, 9/11/20
- + Focus of the follow up discussion will be:
 - + Additional time for Q&A of presenting counties
 - + Discussion of county successes – what are you doing that is working?
 - + Discussion of county challenges – what are the barriers to achieving best practices?
 - + What's next – how can the MAT in Jails Learning Collaborative support improved re-entry
- + At the end of discussion group, county teams will have gained clarity on their county's goals for improving re-entry services, and how the learning collaborative can help toward those goals

REFERENCES

- + ***Best Practices for Successful Reentry for People Who Have Opioid Addictions***, CS Justice Center, Nov.2018
<https://csgjusticecenter.org/wp-content/uploads/2018/12/Best-Practices-Successful-Reentry-Opioid-Addictions.pdf>,
Accessed 18 Aug. 2019.
- + Ingraham, Christopher. ***One Quarter of State Prison Admissions Are for Minor Parole and Probation Violations***, New York Times, June 20, 2019, <https://www.washingtonpost.com/business/2019/06/20/one-quarter-state-prison-admissions-are-minor-parole-probation-violations-report-finds/?noredirect=on>.