

# **MAT in Jails and Drug Courts**

## **Quarterly All-Team Learning Collaborative**



**March 30, 2023**

**10:00 am – 12:00 pm PDT**

*MAT in Jails and Drug Courts is funded by DHCS with general state funds as a program in  
DHCS' Medication Assisted Treatment Expansion Project*

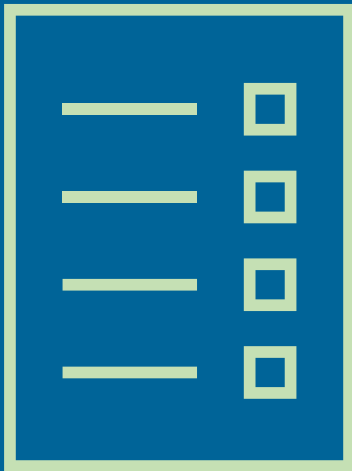
# WELCOME!

## ORIENTATION TO THE LEARNING COLLABORATIVE

10:00 AM – 10:10 AM

HEALTH MANAGEMENT ASSOCIATES

# AGENDA



## Agenda Item

Welcome – Orientation to the Learning Collaborative

MAT in Jails & Drug Courts Learning Collaborative: The Model

Community Standard of Care for MAT for Persons with SUD & Justice System Involvement

Breakout Sessions

Upcoming Events & Closing

# I INTRODUCTION – HEALTH MANAGEMENT ASSOCIATES (HMA)

HMA specializes in publicly funded health care and the partners and populations that rely on it. National with nearly 600 consulting colleagues and growing

## DHCS MAT EXPANSION PROJECTS SINCE 2018

HMA has been contracted for multiple projects supporting California residents with improved access to and quality of treatment and support services for opioid use disorder and stimulant use disorder.

- » MAT in County Criminal Justice Settings - “Jail MAT”
  - » Focus on Jails and the justice-involved with OUD
- » County Touchpoints – Training on MAT
  - » Child welfare; probation; Judges; DAs; Public Defenders
- » Systems of Care
- » Community Overdose Prevention Effort (COPE)
- » Mom and Baby Substance Use Exposure Initiative
- » CDCR Training and Technical Assistance



4 HMA California  
Offices in:

- Costa Mesa
- Los Angeles
- San Francisco
- Sacramento

**AddictionFreeCA**  
<https://addictionfreeca.org/>

# INTRODUCTION – HMA CORE TEAM

## Project Leadership



**Bren Manauh, LCSW-S**  
Project Director

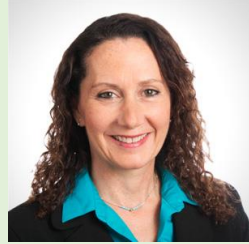


**Amanda Ternan, PMP**  
Project Manager



**Kelly Wright, MA**  
Project Manager

## HMA Coaches and Subject Matter Experts (SME)



**Carol Clancy, PsyD**  
Jail MAT & Juvenile Justice Coach Health Equity SME, PM Support



**Akiba Daniels, MPH**



**Margaret Kirkegaard, MD, MPH**  
Jail MAT Coach



**Marc Richman, PhD**  
Jail MAT Coach



**Charles Robbins, MBA**  
Child Welfare Coach



**Shannon Robinson, MD**  
Addiction and Prescriber SME



**Rich VandenHeuvel, MSW**  
Jail MAT Coach



**Keegan Warren, JD, LLM**  
Legal SME



**Julie White, MSW**  
Jail MAT Coach



**Judge Leonard Edwards (Ret.)**  
Judicial and Child Welfare SME



**Howard Himes, MSW**  
Child Welfare Coach



**Liz Stanley-Salazar, RN, MPH**  
Child Welfare & Juvenile Justice Coach



**Mark Varela**  
Juvenile Justice SME

A night sky with a prominent star and a mountain range silhouette. The sky is dark blue with many small stars. A single, bright star is visible in the upper left quadrant. The horizon shows a faint orange glow from the setting or rising sun. Below the horizon, the silhouettes of mountains and hills are visible against the dark sky. A large, white, semi-circular graphic element is on the right side of the slide, containing the title text.

# Our North Star Access To MAT for Californians with Justice System Involvement

## OVERVIEW

The project *MAT in Jails and Drug Courts* is funded by CA DHCS through the CA FY 2022/23 budget, which included an allocation of State General Funds for the ongoing support to the Medication Assisted Treatment (MAT) Expansion Project

The goal of the project is to increase access to MAT in **county jails, drug courts,** and the **child welfare/juvenile justice systems**

*MAT In Jails and Drug Courts* includes grant funds and participation stipends distributed to participating county teams who also receive technical assistance (TA) and coaching

The project programming term is **10/1/2022 through 9/30/2024** with the possibility of extending TA and coaching through the contract term ending on **6/30/2025**

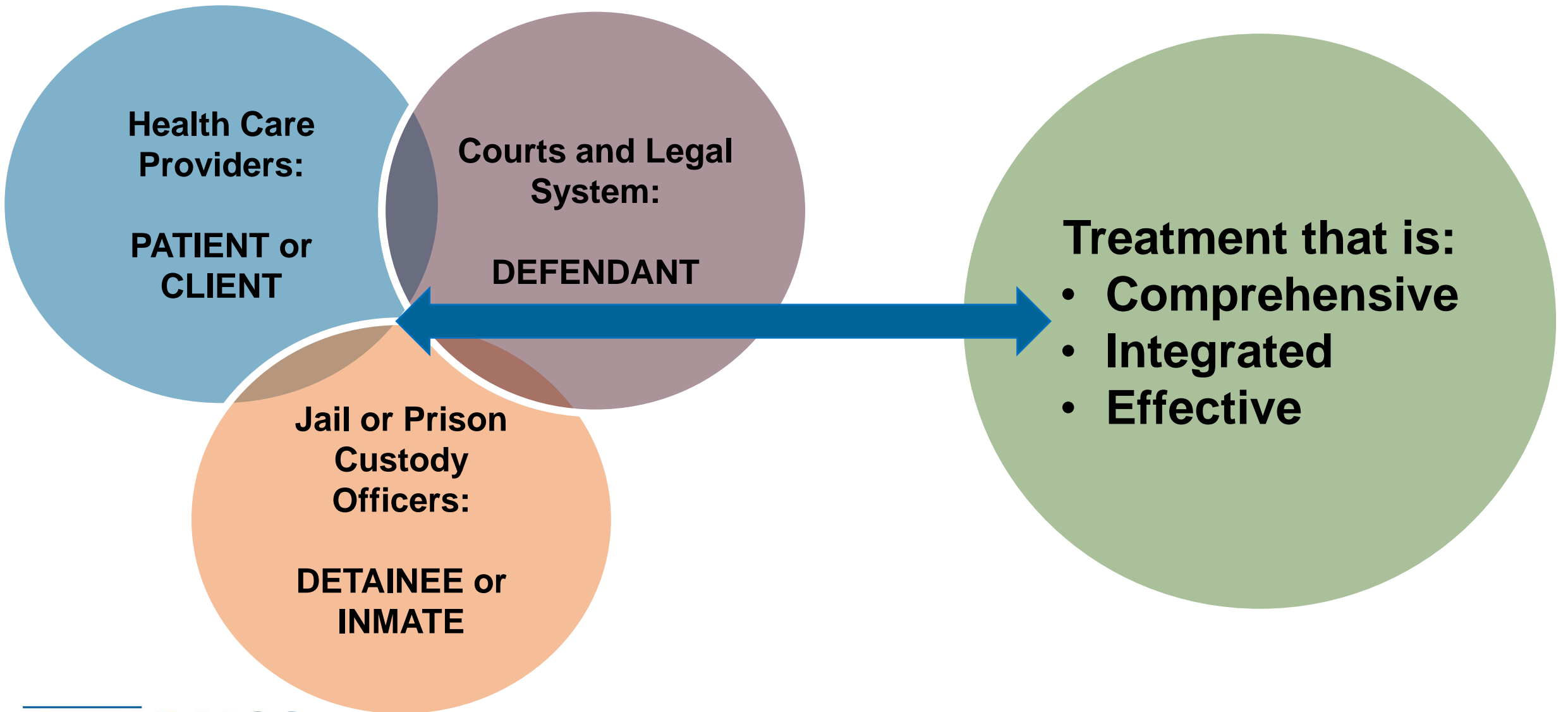
# **MAT IN JAILS & DRUG COURTS LEARNING COLLABORATIVE: THE MODEL**

10:10 AM – 10:25 AM

HEALTH MANAGEMENT ASSOCIATES



# WHY WE USE A TEAM MODEL: DIFFERENT PERSPECTIVES ON PERSON WITH SUBSTANCE USE DISORDER



# OBJECTIVES AND COMPONENTS OF LEARNING COLLABORATIVE

*The objective of the Learning Collaborative is to improve coordination among all county agencies and providers who serve justice-involved county residents and to develop bridges to further build system capacity to ensure access to effective treatment and recovery supports.*

- Learning Collaborative Counties receive:
  - Individualized coaching with HMA coach, with additional SMEs brought in as needed
  - Access to webinars, quarterly learning collaboratives, and trainings based on needs of counties
  - Optional participation in ad hoc workgroups and discussion groups with peers throughout the state to tackle systemwide issues
  - Grants and stipends to enhance county efforts and pilot innovative solutions that demonstrate outcomes to lead to sustainable funding

# HMA MODEL FOR IMPLEMENTATION OF MAT IN JAILS AND COUNTY JUSTICE SYSTEM



## In our model MAT is defined as

- Implementation of **at least two forms of the FDA-approved medications:**
  - naltrexone; buprenorphine; methadone --- continuation and/or initiation
- + other evidence-based interventions for Opioid Use Disorder and Stimulant Use Disorders
- Access to naloxone for overdose prevention\*

\*FDA Approves First Over-the-Counter Naloxone Nasal Spray

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray>

## Alignment with community standards of care

**Access to behavioral health and recovery support services; re-entry planning**

# LEARNING COLLABORATIVE FOR DRUG COURTS FRAMEWORK



<b>National Association of Drug Court Professionals (NADCP) Practice Standards</b>	Guidelines
<b>MAT: Standard of care, evidence-based care</b>	Technical knowledge related to MAT implementation and service delivery
<b>Standards of Care: BH/Recovery</b>	Effective behavioral health treatments and recovery modalities
<b>Standards of Law</b>	Applicable court rulings, standards, and procedures related to SUD and individuals with SUD who are engaged in the justice system
<b>System of Care</b>	System of care for SUD medical treatment, behavioral health counseling and recovery. Identify and respond to critical gaps.
<b>Professionalism</b>	Leadership role for the local system of justice and health care for applying evidence-based standards of care and a chronic disease paradigm for SUD
<b>Optional Learning Communities: Trauma-Informed and CQI</b>	Elect to participate

**Individualized expert technical assistance to each county Drug Court Team**

# PREVIOUS LEARNING COLLABORATIVE: COUNTY TOUCHPOINTS

## Outgrowth of Jail MAT LC:

Recognized need to educate and engage other justice/system stakeholders to support jail MAT implementation

Addressed MAT = “not clean”

Probation, Courts/Judges, District Attorneys, Public Defenders, Child Welfare

More than 1,500 trained under SOR I

## Under SOR II: Learning Collaborative

14 county teams participated in Learning Collaborative at intersection of SUD, justice, and child welfare systems

County collaborations, resource alignment, system mapping and gap analysis, individualized county coaching and goal setting

# PARTICIPATION OPTIONS



As of March 2023, counties are eligible for Jail MAT **OR** Drug Court grant **AND** Child Welfare Stipend **AND** Juvenile Justice Stipend. Please email [MATinCountyCJ@healthmanagement.com](mailto:MATinCountyCJ@healthmanagement.com) with any questions.



**Jails**

**Implementation  
Grant**



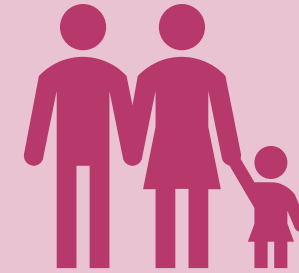
**Drug  
Courts**

**Implementation  
Grant**



**Juvenile  
Justice**

**Participation  
Stipend**



**Child  
Welfare**

**Participation  
Stipend**

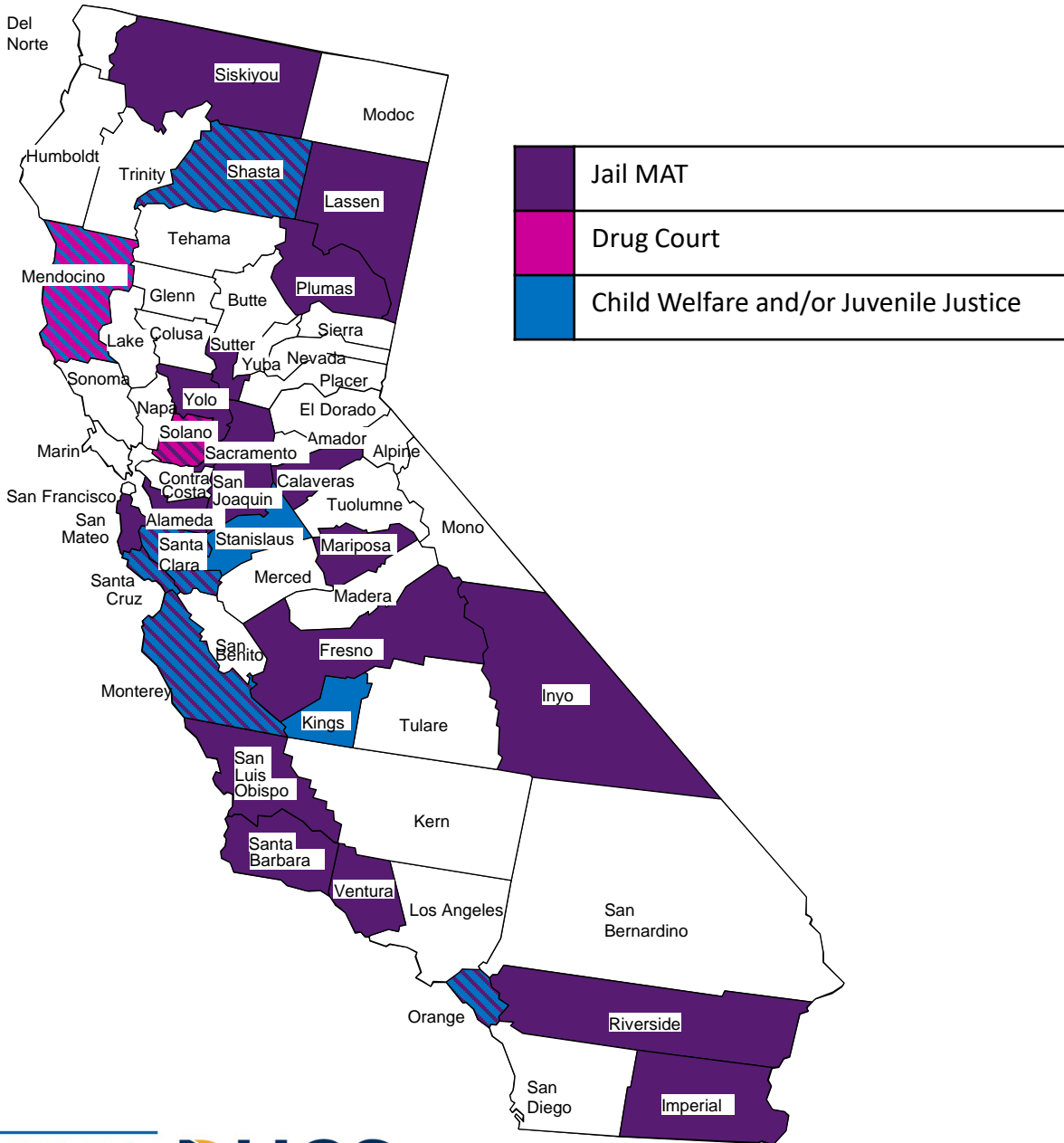
*Teams can opt to apply for technical assistance only (without implementation grant or participation stipend) for any of the options above*

## CONTINUED RECRUITMENT IN 2023

Initial application window closed **January 31<sup>st</sup>** with teams receiving grant/stipend announcements in early February. Continued recruitment this Spring includes:



# MAT IN JAILS AND DRUG COURTS – TEAMS AS OF FEBRUARY 2023



Jail MAT: 24

Drug Court: 2

Child Welfare and Juvenile Justice: 9

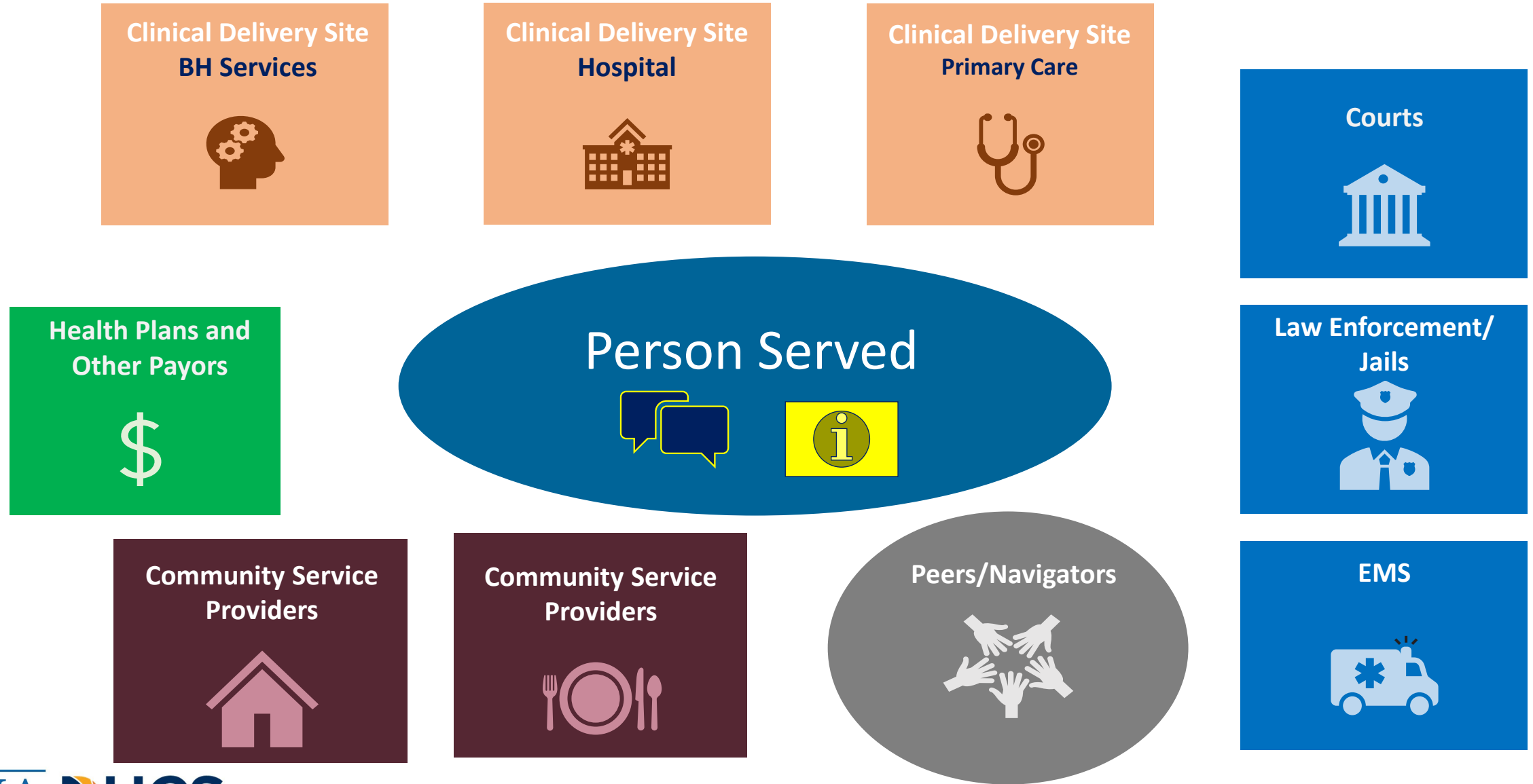


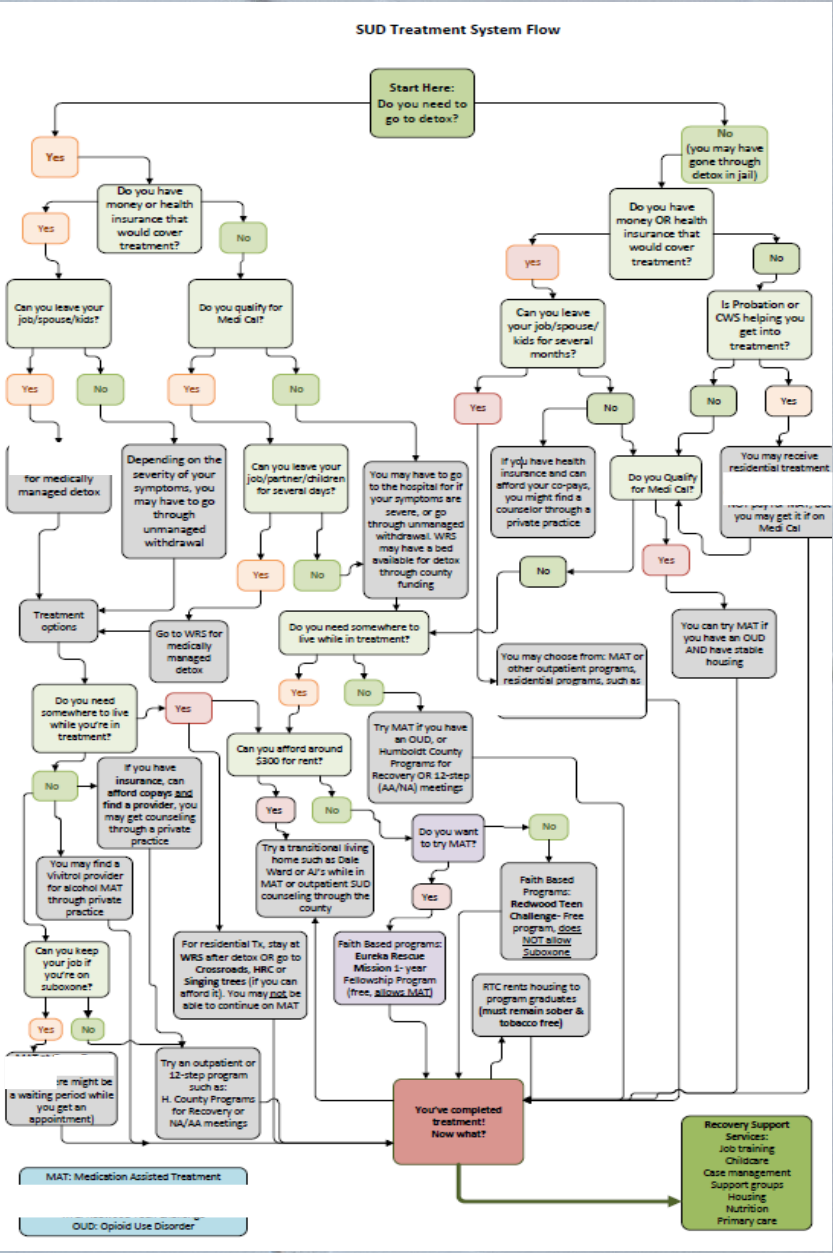
# COMMUNITY STANDARD OF CARE FOR MAT FOR PERSONS WITH SUD & JUSTICE SYSTEM INVOLVEMENT

10:25 AM – 11:00 AM

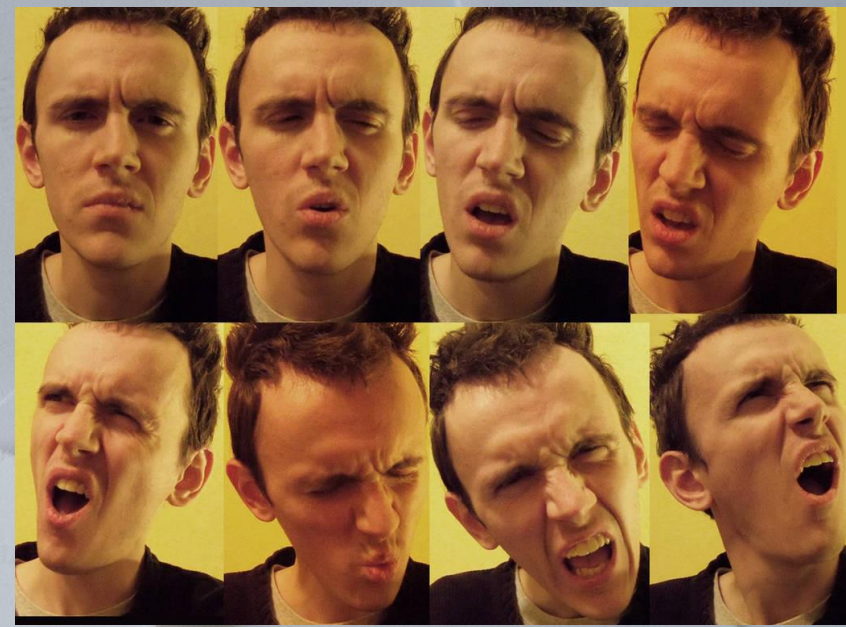
HEALTH MANAGEMENT ASSOCIATES

# MODEL COUNTY SYSTEM: NO WRONG DOOR AND PERSON-CENTERED

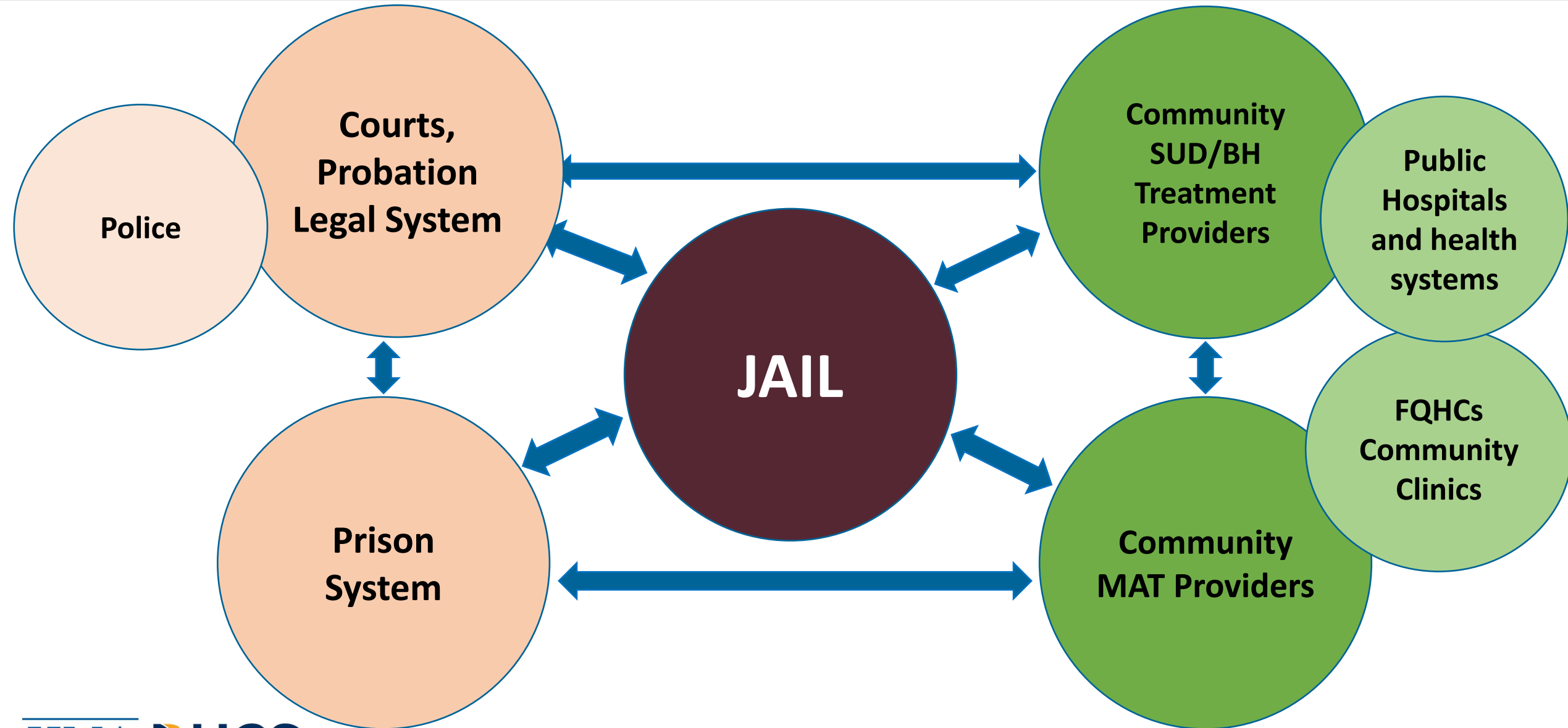




# TYPICAL COUNTY CURRENT STATE



# JAIL AS PART OF THE SAFETY NET ECOSYSTEM



# ASPIRATIONAL GUIDING PRINCIPLES FOR COUNTY TEAMS

- The jail is a health care site in the community's health care safety net
- A county resident receives the same care for acute and chronic conditions wherever they seek care in the county, including the jail, and transitions are managed and supported
- The county has a single standard of care such that persons with OUD have access to all FDA-approved forms of MAT available to them, via an individualized treatment plan, as well as effective treatment for stimulant use disorder



# COUNTY EXAMPLES

HEALTH MANAGEMENT ASSOCIATES



# San Luis Obispo County

Seth A. Stabinsky, M.D., CCHP-P  
Jené Hinton-Railsback, CADC  
HMA Coach: Rich VandenHeuvel

## I SAN LUIS OBISPO COUNTY – CURRENT STATE

- **Seth A. Stabinsky, M.D., CCHP-P - Sheriff's Chief Medical Officer**
- **Jené Hinton-Railsback, CADC – San Luis Obispo County Health Agency COSSAP Assessment Coordinator**

### Current State:

- **Co-located County D&A Staff at jail to support transitions and community standard of care:**
  - **COSSAP/COSSUP Grand Funded role: Jené**
  - **Additional County D&A staff on site**
  - **Regularly (monthly) scheduled cross-departmental coordination meetings**



## **| SAN LUIS OBISPO COUNTY – FUTURE STATE**

- **Linking with Medi-Cal Plans for CalAIM planning/coordination**
- **Expanding county Health Information Exchange and Data Analytics Efforts**
- **Expanding quality improvement approach to monitoring reentry success**
- **Grants and sustainable funding**
- **Other.....**



# Imperial County

Victoria Mansfield

Cassandra Costa

HMA Coach: Margaret Kirkegaard, MD

# IMPERIAL COUNTY: COLLABORATION BETWEEN JAIL AND BH SERVICES

Why we were successful:

- Developed trust and collaboration through frequent meetings and open communication
- Buy in from administrative staff (historically barrier between BH and jail staff)
- Established written policy/workflow
- Dedicated coordinator from jail

# IMPERIAL COUNTY: COLLABORATION BETWEEN JAIL AND BH SERVICES

What we accomplished:

- Refurbished exam rooms with telehealth equipment
- Developed policies/workflows to enhance throughput for BH assessments
- Developed smooth process for getting all ROIs
- Hired new medical provider for jail to support collaboration with BH
- Successfully transitioned several clients to treatment
- Started with SUD and now building additional avenues with mental health and other needs

# IMPERIAL COUNTY: COLLABORATION BETWEEN JAIL AND BH SERVICES

What we will do next:

- Continue positive collaboration to address community needs
- Work on aligning timing of assessments so that they do not expire
- Engage court system and probation
- Set up secure data exchange process
- Coordinate with System of Care grant program



# San Mateo County

Darryl Liu

HMA Coach: Carol Clancy



## COLLABORATION HIGHLIGHT: SAN MATEO COUNTY

San Mateo Correctional Health Services (CHS) and the Integrated Medication for Addiction Treatment (IMAT) team, which serves the community, have an effective partnership.



Some recent examples of their collaboration:

The IMAT team is an active member of the learning collaborative team.

- The IMAT team has hired a Case Management Specialist to work solely in the jail to coordinate re-entry plans
- The San Mateo Medical Center and CHS have a monthly collaborative meeting
- This has increased re-entry communication and efforts between San Mateo Jail and HR 360



# Santa Clara County

Mollie Olson

HMA Coach: Carol Clancy, PsyD



# BREAKOUT SESSIONS

11:00 AM – 11:50 AM

HEALTH MANAGEMENT ASSOCIATES

## ■ BREAKOUT OPTIONS



Breakout #1: Helping  
People Navigate  
Transitions – Patching  
the Holes in the Safety  
Net for Recovery Success



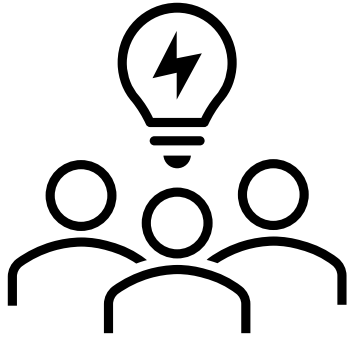
Breakout #2:  
Fundamentals of MAT



Breakout #3: Cross-  
Sector Partnerships  
Across Justice System

Please note: you will be assigned to the breakout room that you chose at registration.

# BREAKOUT ACTIVITY



## INSTRUCTIONS

### Group Breakouts *45 min*

1. You will automatically be sent to your breakout room. This message will appear.

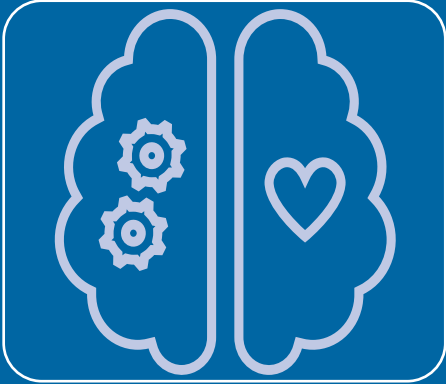


2. You'll enter a "room" with unmuted microphones
3. You will be returned to the main room when done.

# **BREAKOUT SESSION: FUNDAMENTALS OF MEDICATION ASSISTED TREATMENT(MAT)**

HEALTH MANAGEMENT ASSOCIATES

## LEARNING OBJECTIVES



Describe the role of dopamine in the neurobiology of addiction

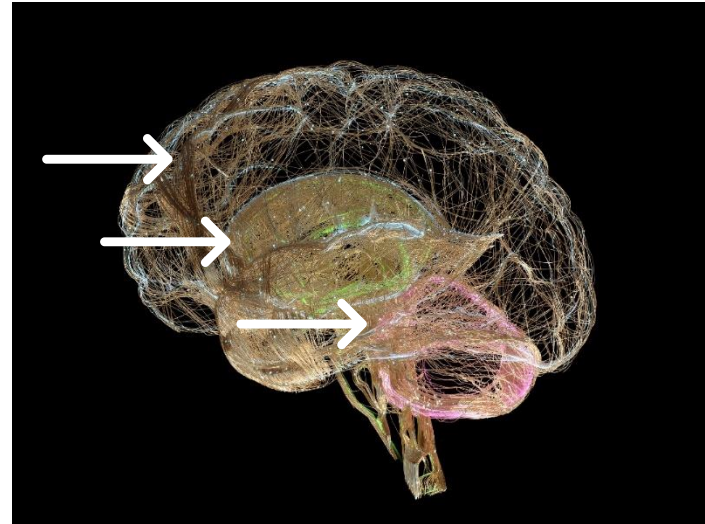


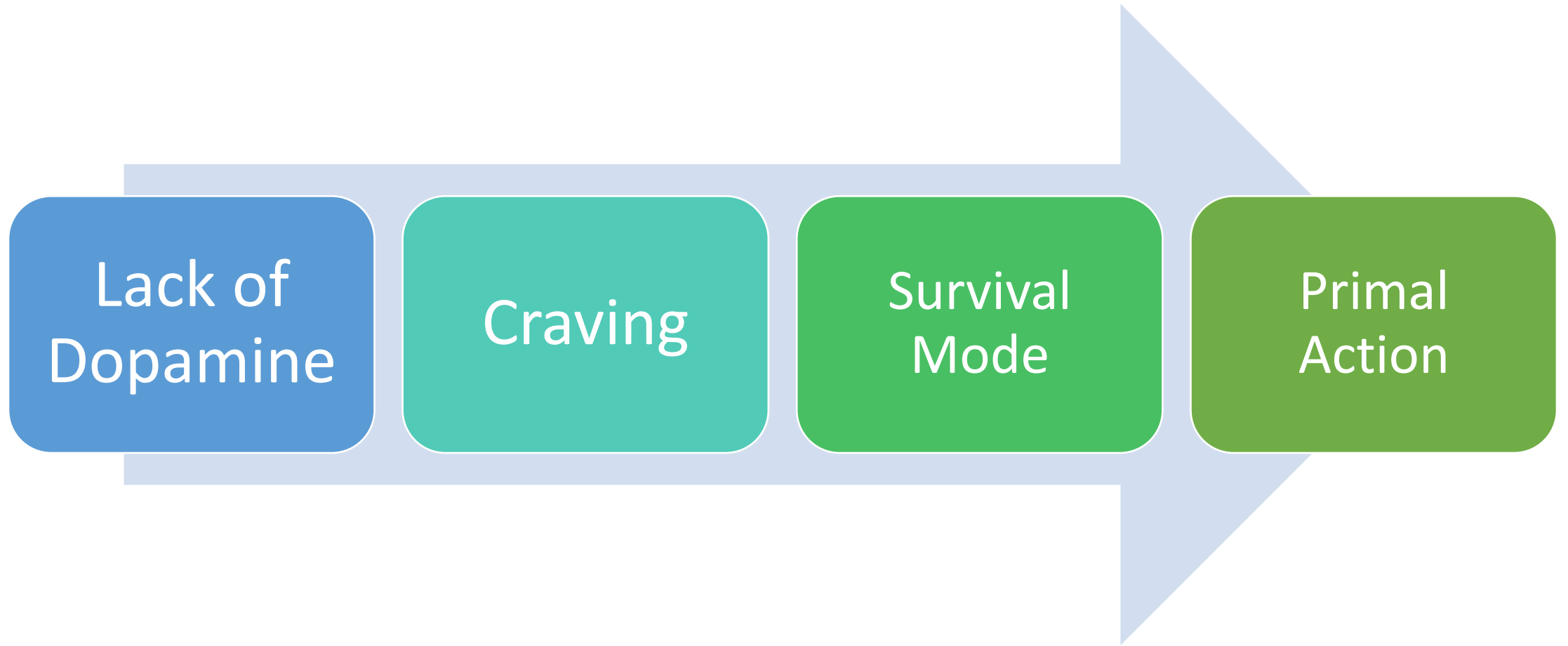
Compare and contrast the three FDA-approved medications for treatment of opioid use disorder (OUD) including the indications for use, side effects, and considerations for use during incarceration

# HOW SUBSTANCES OF ABUSE AFFECT THE BRAIN

- All substances of abuse result in activation of the reward pathway
- The same pathway activated by naturally rewarding substances and events

**Frontal Lobe**  
**Nucleus Accumbens**  
**Ventral Tegmental Area**

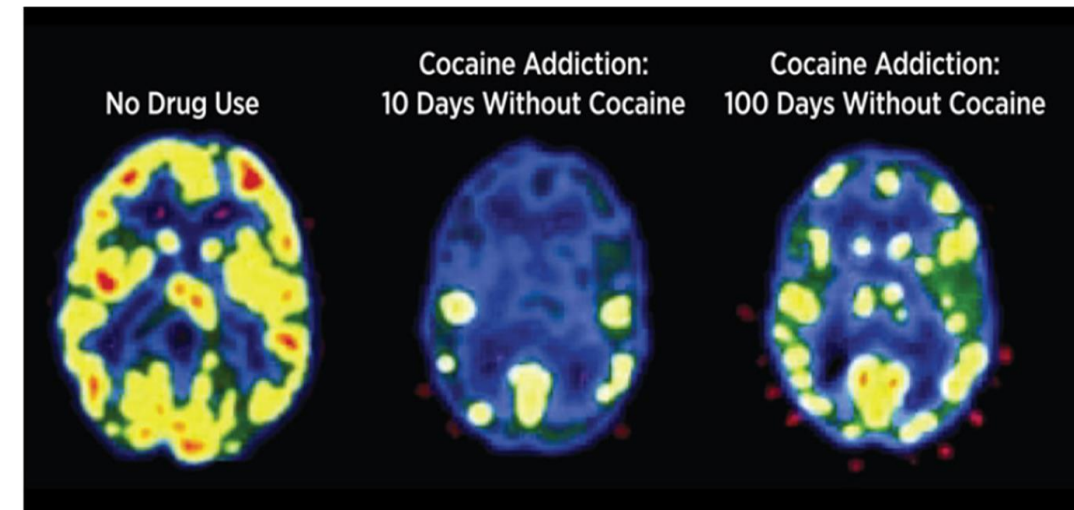




# IT TAKES TIME FOR YOUR BRAIN TO RECOVER

- Prolonged drug use changes the brain in long lasting ways
  - Structure and function of the brain
- Return to the brain function you had before substances of abuse, takes over 1 year
- If you stop medication before a year, you may lose the desired benefits

How the Brain Changes and Recovers From Drug Use



Source: <https://nida.nih.gov/publications/teaching-addiction-science/bringing-power-science-to-bear-drug-abuse-addiction>



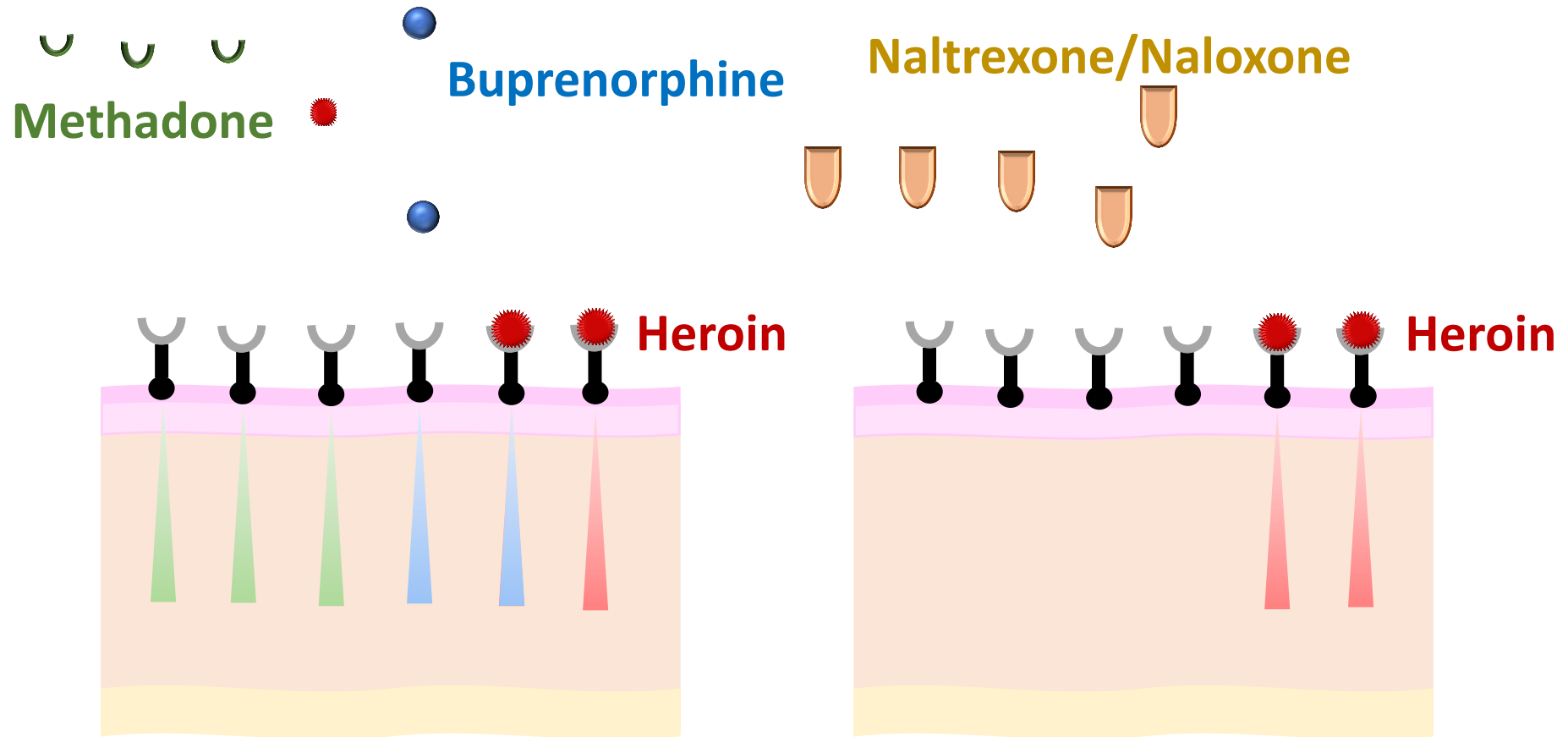
# THREE FDA-APPROVED MEDICATIONS FOR TREATMENT OF OUD

Long-acting  
injectable  
naltrexone

Methadone

Buprenorphine

# HOW DO THESE MEDICATIONS WORK?



Agonist Treatment

Antagonist Treatment

Agonist turns on the receptor  
Antagonist blocks receptor from turning on

# CASE 1:



JF is a 27-year-old female. She has been in the county jail twice before this current detention. She has a history of OUD but was not using when she arrived at the jail 2 years ago. She notes that in the past two incarcerations, she relapsed when released from jail due to the stress of re-entry and reunification with her children. She is very worried about leaving the jail. She doesn't meet criteria for residential levels of treatment. She will be entering probation.

## WHAT ADDITIONAL INFORMATION WOULD YOU WANT TO KNOW ABOUT HER CONDITION?



- OUD details including prior trials of MAT
- Last opioid use, prescribed and non-prescribed
- Past Med/ Psych History & current conditions
- Non opioid substance use
- Triggers and stabilizing factors
- Individual preferences/choice related to MAT

# POLL: MAT CHOICES

**What MAT choice would you recommend for this individual?**

- A. Long-acting injectable naltrexone
- B. Buprenorphine
- C. Methadone
- D. No MAT; reinforce peer support and other BH therapies



# LONG-ACTING INJECTABLE NALTREXONE

## Indications

- Patients with a high degree of motivation (dopamine levels intact)
- OUD
- Alcohol Use Disorder
- Patients who did not reach treatment goals with methadone or buprenorphine
- Occasional use/ high risk situation
- As “back-up” after discontinuation of methadone or buprenorphine

## Contra-indications

- Hypersensitivity to naltrexone
- Opioid free 7 days before starting
- Acute liver failure (compensated cirrhosis not a contraindication)
- Use with caution for moderate to severe renal impairment
- Less evidence of impact on mortality\*

\*Larochelle, et al. Medication for opioid use disorder after nonfatal opioid overdose and association with mortality. A cohort study. Annals of Internal Medicine. 169:3 (2018) 137-45.

## CASE 2:



PB is a 62-year-old male. He started using substances at age 12 through sniffing and stealing alcohol. He has been on IV heroin and multiple other substances. He has been through treatment multiple times. He started methadone 3 years ago and since then he has been more stable and has maintained a job as a website computer programmer. He was arrested on an old outstanding warrant that he thought was resolved. His UDT at incarceration shows methadone and methamphetamine.

## WHAT ADDITIONAL INFORMATION WOULD YOU WANT TO KNOW ABOUT HIS CONDITION?



- OUD details including prior trials of MAT
- Last opioid use, prescribed and non-prescribed
- Past Med/ Psych History
- Current conditions and medications
- Family history
- Non opioid substance use
- Triggers and stabilizing factors
- Individual preferences/choice related to MAT



# POLL: MAT CHOICES

**What MAT choice would you recommend for this individual?**

- A. Long-acting injectable naltrexone
- B. Buprenorphine
- C. Methadone
- D. No MAT; reinforce peer support and other BH therapies



# METHADONE

## Indications

- Opioid withdrawal management
- OUD
  - More severe OUD because of regulations surrounding methadone for OUD
  - Patients who would benefit from the services available in an NTP environment
  - Patients who did not reach treatment goals with other Medication for OUD (MOUD)

## Contra-indications

- Several significant drug-drug interactions
- Hypersensitivity
- FDA boxed warning on QTc prolongation and Torsades de Pointes
  - Investigate:
    - Family history of sudden cardiac death, arrhythmia, myocardial infarction, heart failure, prolonged QTc interval, or unexplained syncope.
    - Patient history of arrhythmia, myocardial infarction, heart failure, prolonged QTc interval, unexplained syncope, palpitations, or seizures
    - Current use of medications that may increase QTc interval
  - Do not start methadone treatment for patients with known QTc intervals above 500 milliseconds

SAMHSA Tip 63: <https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf>

## CASE 3:



ML is an 18-year-old male. After a random urine drug test (UDT) of everyone in his housing unit, his UDT shows opiates/opiate metabolites and buprenorphine/norbuprenorphine. Gas chromatography Mass spectrometry confirms UDT findings. ML admits to taking contraband opioids and if he cannot get them, then he takes contraband buprenorphine.

## WHAT ADDITIONAL INFORMATION WOULD YOU WANT TO KNOW ABOUT HIS CONDITION?



- OUD details including prior trials of MAT
- Last opioid use, prescribed and non-prescribed
- Past Med/ Psych History & current conditions
- Non opioid substance use
- Triggers and stabilizing factors
- Individual preferences/choice related to MAT

# POLL: MAT CHOICES

**What MAT choice would you recommend for this individual?**

- A. Long-acting injectable naltrexone
- B. Buprenorphine
- C. Methadone
- D. No MAT; reinforce peer support and other BH therapies



# I BUPRENORPHINE

## Indications

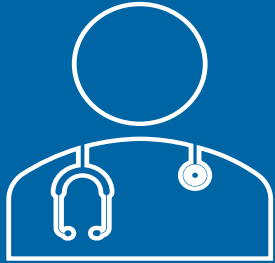
- Opioid withdrawal management
- OUD
  - For managing opioid-dependent patients who have a contraindication to methadone
  - No available methadone facilities or long waitlist
  - Theoretically for those with lower opioid agonist needs

## Contra-indications

- Hypersensitivity

Stat Pearls; 2022; Kumar et al.; <https://www.ncbi.nlm.nih.gov/books/NBK459126/>

## I SUMMARY: MEDICATION SELECTION FOR OUD



- **Neuropathways for dopamine key to understanding treatment options for MOUD**
- **Medications should be selected based on R/B/A discussions with individuals**
- **Parameters that restrict prescribing based on behavior, contraband, participation in therapy, or limitations in jail programs are not evidence-based**

## I REFERENCES

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- Substance Abuse and Mental Health Services Administration: Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings. HHS Publication No. PEP19-MATUSECJS Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2019.

# | CONTACT US



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# CROSS-SECTOR PARTNERSHIPS ACROSS JUSTICE SYSTEM

HEALTH MANAGEMENT ASSOCIATES

# I FUTURE DIRECTIONS IN COLLABORATION: JAILS AND DRUG COURT

## Jail and Drug Court

- CalAIM changes will require increased collaboration among jail staff, HHS and community agencies
- Medi-Cal will be activated (or re-activated) 90 days prior to release
- Enhanced Care Management (ECM) will be available 90 days prior to release.
  - This will require one care manager, who is either part of the correctional health team, the sheriff's office, or a CBO to coordinate care at release
- Drug Court Referrals: With lower sentences for many drug-related charges, referrals to Drug Courts require collaboration to engage offenders
  - Legislation such as Prop 47 (2014) and AB 208 (2017) provide increased opportunities for diversion, but this increases need for collaboration to engage clients in effective treatment.

## ■ FUTURE DIRECTIONS IN COLLABORATION: CHILD WELFARE

- Family Futures Prevention Services Act (FFPSA) rolling out in all counties shifts focus to prevention and early intervention for children and families
- Counties are implementing Plans of Safe Care Protocols
- Challenges continue engaging medical practitioners and institutions in the continuum imagined by FFPSA with the use of POSC as the unifying tool
- Perinatal Substance Use Disorder Residential and Outpatient ( mother and baby) services are funded and available and are either underutilized or in some counties insufficient to meet need
- Family Treatment evidence-based practices are under-developed in the Behavioral Health Services System

# ■ FUTURE DIRECTIONS IN COLLABORATION: PROBATION AGENCIES

## Adult and Juvenile Probation Services – Changes in Landscape...

- Moving away from operating in silos
- Focus on alignment and integration
  - Shared vision, responsibility and leadership
  - Communication plan with local policy makers, key stakeholders, and community
- Blended funding streams which promote systems collaboration
- Expectation of key partners to work together at local level
  - Traditional partners
  - New partnerships
- Eye towards prevention & early intervention
- Target root causes of criminality & delinquency
- Incorporating Voices of System-Impacted individuals & Families

# QUESTIONS ON COLLABORATION IN YOUR COUNTY...



- How are changes in legislation, funding, or policies creating necessity for increased cross sector collaboration?
- How does it make things more difficult?
- What is a time that collaboration worked really well?
- What is something you or a team member have done to make it work well?
- How do you initiate a collaborative relationship or uplift a relationship when there is not one already there?



# OPPORTUNITIES FOR COLLABORATION

Landmark Legislation/Initiatives are drafted w/spirit of collaboration in mind...

- CCR
- CalAIM
- SB 823
- Care Court

Successful funding applications contain multidisciplinary approaches

- Shared Vision
- Shared Responsibilities

State/local policy makers & community members expect collaboration among key agencies

# CONTACT US



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# HELPING PEOPLE SURVIVE TRANSITIONS: PATCHING THE HOLES IN THE SAFETY NET

HEALTH MANAGEMENT ASSOCIATES

# I THE REAL SAFETY NET

Law Enforcement, Drug Courts, Juvenile Justice and jails are often the last strand in the safety net for people who need help

Transitions create risks

We are going to discuss challenges, best practices and future state of transitions

**The ASK:** Please engage, comment and participate – everyone in this session has valuable expertise and experience to add

**The HOMEWORK:** Please identify one peer or one topic (or both...or more!) that it would help to follow up with after the learning collaborative

# I CHALLENGES IN REENTRY

## Jail – What we see and hear.....

- STAFFING – discharge planning, healthcare, care coordination.....
- Community provider capacity to refer to...
- Health information exchange, consents and release of information....
- Alignment w/ community supervision and jail clinical standards (probation, drug court, etc.)
- Alignment of multiple eligibility requirements - AB 109; JBCT, Grant funded programs...
- HOT Hand off capacity – go to providers w/ little notice/preplanning time
- Lack of formal agreements and quality improvement/data capture processes
- Building and coordinating capacity for CalAIM Justice Involved Initiative

# I CHALLENGES IN REENTRY

## Community and Drug Courts – What we see and hear.....

- STAFFING – Screening, assessment, care coordination, peer
- TIMELY access to prescribers/prescriber capacity
- Consistent community standard of care RE: MAT/MOUD
- Health information exchange, consent and ROI/Confidentiality
- SDOH: Housing, transportation, employment/income security
- Advanced Notice/Ability to schedule reentry population
- Lack of formal agreements and quality improvement/data capture processes inclusive of jails
- Multiple CalAIM initiatives/capacity building efforts

**What additional challenges do you experience or what do you want to reinforce?**

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# ■ SUCCESSFUL EXAMPLES OF REENTRY/TRANSITION PLANNING

## Jail – What we see and hear.....

- Dedicated discharge planning/care coordination staff
- Peer support services as part of continuum to support linkage on reentry
- Community/county universal ROI's
- Community standard of care training/planning consistent between jail and community providers at the evidence-based standard of care
- Informal and formal MOU/MOAs between jails and community defining roles, re
- Data monitoring including definition and monitoring of successful linkages made for released detainees (treatment continuity)
- CalAIM preparation/collaborative planning examples



# | SUCCESSFUL EXAMPLES IN REENTRY

## Community and Drug Courts – What we see and hear.....

- Designated transition/jail staff in the facility, connecting w/ detainees
- Assessment, intake, and outside appointment set up prior to release
- Peers engaged in real time handoff/reentry support – including transportation and SDOH supports
- Capacity for planned (warm) and unplanned (hot) referrals
- Consistent community standard of care training expectations across the community RE: MAT/MOUD
- Community partners w/ population experienced engaged in CalAIM planning and training efforts, including with Medi-Cal plans

# WHAT SUCCESSES CAN YOU SHARE?



## I TRANSITIONS OF CARE- RESEARCH TELLS US

- Upon reentry into society, **prompt and continuous management of these conditions often falls by the wayside** as individuals who have been incarcerated face challenges enrolling in health insurance coverage, finding a primary care physician, making health care appointments, and refilling prescriptions.
- Justice-involved individuals face **barriers to health care that contribute to particularly high vulnerability to morbidity and mortality** the first two weeks after release.
- Following release from prison the **use of mental health and substance use treatment** services **decreases significantly**.
- One survey noted treatment **rates dropped dramatically within 8-10 months after release** for men and women who received treatment for physical health conditions during their incarceration.

# FUTURE STATE CAL AIM JUSTICE INVOLVED DEMONSTRATION

Approval of JI Demonstration offers significant opportunities for coordinated transitions from incarceration to the community, particularly for individuals with OUD

Suspension, Unsuspension  
Pre-Release Enrollment

90 days Pre-Release

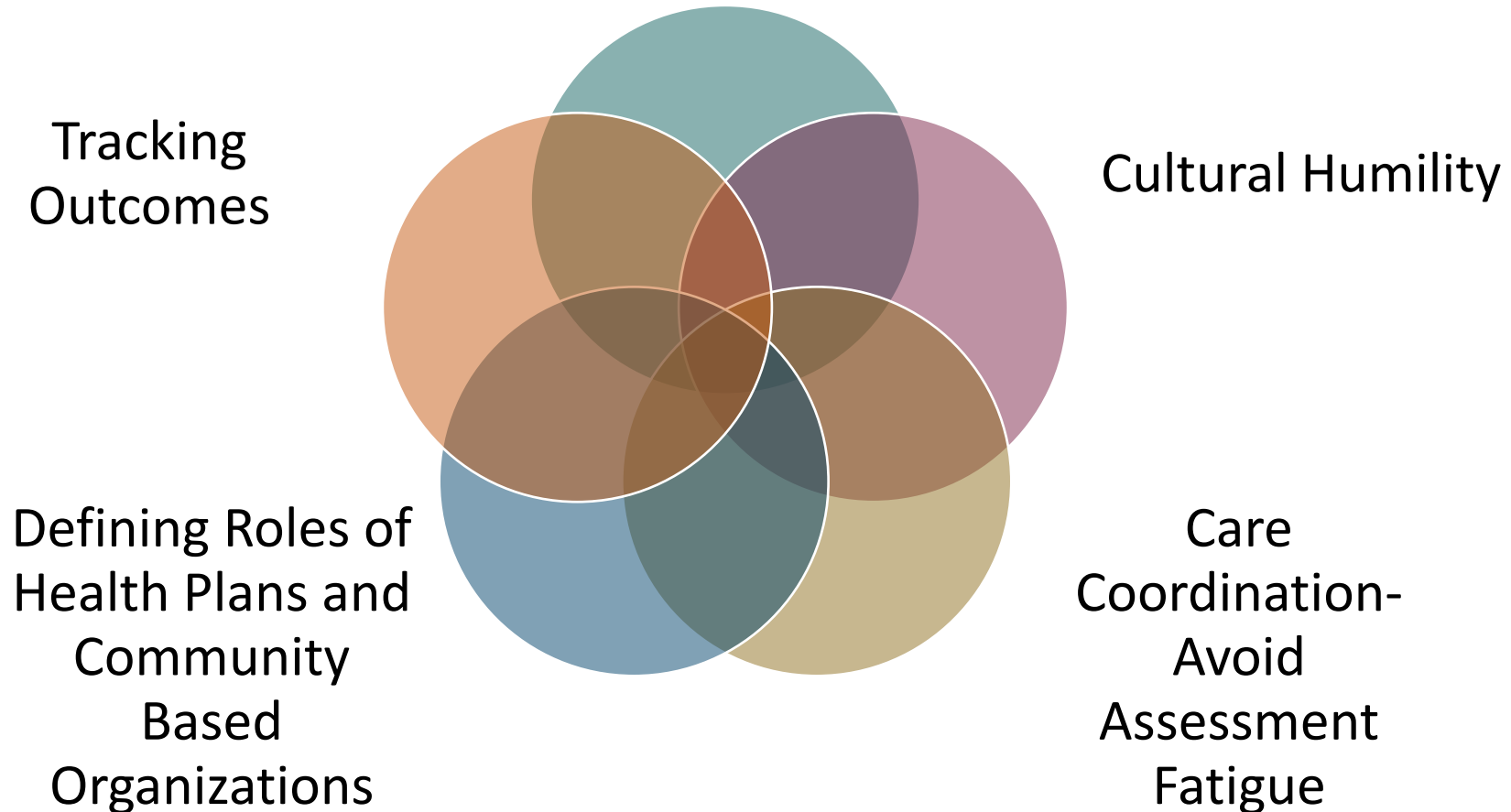
Covered services

Encouraged use of LAI's

Peers and CHW reimbursed  
for navigation services

# FUTURE STATE CONSIDERATIONS

## Trauma Informed



# | CONTACT US



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# UPCOMING EVENTS & CLOSING

11:50 AM – 12:00 PM

HEALTH MANAGEMENT ASSOCIATES

# RECORDINGS FOR PAST EVENTS

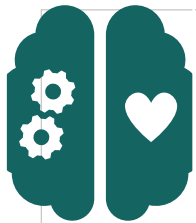


Questions about existing resources/webinars or need help navigating the website? Please email [MATinCountyCJ@healthmanagement.com](mailto:MATinCountyCJ@healthmanagement.com).



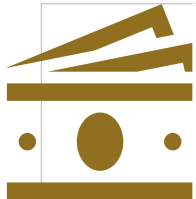
## Neuroscience of Addiction and Medications for Addiction Treatment (MAT) 101

- <https://vimeo.com/809132362/5d85f06a4b>



## Adolescent SUD and MAT 101

- <https://vimeo.com/812480697/3dd3f2a56d>



## CalAIM Justice-Involved Initiatives - Funding Opportunities

- <https://vimeo.com/809145229/7fa8b02fa1>

## Webinars and Podcasts

Webinars and Podcasts



## Webinars and Podcasts

Webinars and Podcasts



Informational Webinar  
(Offered 12/7/22, 12/13/22,  
12/14/22, and 1/9/23)

View

View Slide Deck

Neuroscience of Addiction  
and Medications for  
Addiction Treatment (MAT)  
101 (3-14-2023)

View

View Slide Deck





## **I 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**
  
- 3. Would you prefer for quarterly learning collaboratives to be combined or separated by team type (e.g., Jail MAT/Drug Court and Child Welfare/Juvenile Justice learning collaboratives)?**
  - A. Combined**
  - B. Separate**
  - C. No opinion**

## UPCOMING EVENTS

May 10<sup>th</sup>

Legal Basis of  
MAT



May 16<sup>th</sup>

Update on  
Fentanyl &  
Xylazine



TBD June

June  
Learning  
Collaborative



Flyers to be circulated with recording and slides from today's Learning Collaborative.

**WHAT TOPICS  
WOULD YOU LIKE  
TO SEE ADDRESSED  
IN FUTURE  
SESSIONS?**

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*Drop Into The  
Chat*

# CONTACT US

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**FOR ANY QUESTIONS OR COMMENTS**  
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