



CALIFORNIA
HEALTH
POLICY
STRATEGIES, LLC.

*County Touchpoints in Access to MAT for
Justice Involved Populations*

*Discussion Guide
for
DISTRICT ATTORNEYS*

Introduction

With funding provided by the federal Substance Abuse and Mental Health Services Administration, the California Department of Health Care Services has launched a multi-pronged effort to address the opioid crisis by improving access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths. A variety of projects across the state are providing prevention, treatment, and recovery activities for opioid use disorder (OUD) with a strong focus on expanding access to Medication Assisted Treatment (MAT). The County Touchpoints in Access to MAT for Justice-Involved Populations project¹ is focused on outreach, education, and training about opioid addiction and treatment in county criminal justice and human service systems. The project is managed by Health Management Associates and California Health Policies Strategies LLC.

The project provides training and technical assistance to leaders, managers, and line staff in six stakeholder groups:

- Probation
- Human Services/Child Welfare
- Juvenile and Dependency Courts
- Adult Courts
- Public Defenders
- District Attorneys

Training for all groups covers the neuroscience of opioid addiction², the medications used to treat it, and the case for treating addiction in the criminal justice system. Discussion guides for each stakeholder group accompany the project training session. Each addresses the position of the national professional association and other experts regarding MAT and includes discussion questions, case studies, and other resources particular to the group. This guide is developed for **DISTRICT ATTORNEYS**.

Framing the Problem

In 2014, a Bureau of Justice survey found that 63% of people incarcerated in jails met the criteria for Substance Abuse Disorder (SUD). Of these, one fourth had an OUD. Since then, the opioid crisis has exploded and today many jails report that half or more of their detainees have an OUD.

Overdose deaths following release from prison are 129 times higher than the general population³, and persons released from jail face exceptionally high overdose death rates as well. Providing access to MAT in the justice system saves lives – after Rhode Island

¹ <https://addictionfreeca.org/California-MAT-Expansion-Project/HMA-Projects/County-Touchpoints-in-Access-to-MAT-for-Justice-Involved-Populations>

² <https://www.youtube.com/watch?v=bwZcPwIRRcc>

³ Ingrid A. Binswanger et al., "Release from, Prison – a High Risk of Death for Former Inmates," *New England Journal of Medicine* 356, no. 2 (Jan 11, 2007): 157-65, doi:10.1056/NEJMs064115

implemented the use of all three medications for opioid addiction in its system of prisons and jails, overdose death rates after release dropped by 61%.

It is essential that people using MAT be supported in maintaining recovery on MAT at every point in criminal justice and human service systems. MAT saves lives, supports recovery, and reduces crime. The criminal justice system is among the largest sources of organizational referrals to addiction treatment, and persons working in the criminal justice system have a unique and valuable role in facilitating and supporting their clients' recovery.

Professional Association Positions on MAT



The following language is found in the *National District Attorneys' Association, The Opioid Epidemic: A State and Local Prosecutor Response (2018)*:

NDAA endorses the use of drug courts as an evidence-based solution that saves lives and money while reducing recidivism. NDAA endorses the implementation of evidence-based best practices in the implementation of drug courts, including the Key Components published in the scientific literature made available via the National Drug Court Institute.

Given the rise in opioid use and overdose deaths, law enforcement should utilize evidence-based criminal justice programs that will reduce the prison population while connecting people to much-needed public health programs.

The ADA prohibits the Court from (1) denying the MAT participant the benefits of services, programs, or activities; (2) excluding the MAT participant from their services, programs, or activities; or (3) otherwise subjecting the MAT participant to discrimination, by reason of her disability. See 28 C.F.R. § 3S.130.

Objectives

- A. Explore current practices against the best practices set forth by the profession
- B. Explore models from counties in which best practices are realized in the discipline
- C. Explore barriers to getting to best practices within the discipline

Case Study

Jane is appearing for felony arraignment for one count of 211; an Estes robbery; possession of heroin; and being under the influence of heroin. The Walmart Loss Prevention Officer (LP) observed her leaving the store with baby clothes, baby supplies, and several other items including food items, candy, soda, cigarettes without paying. The Loss Prevention (LP) officer followed her outside and confronted her. She pushed the LP officer and kicked him. She was detained and arrested. She stated she was a heroin addict, and this was the reason she was

high and in possession of heroin for personal use. She has had two previous drug possession convictions.

At the bail review the Public Defender asks for a supervised Own Recognizance (OR), requiring Jane to attend Narcotics Anonymous meetings. The Deputy District Attorney objects. The Judge suggests outpatient treatment with a supervised OR. The judge releases Jane on supervised OR to go to NA meetings. While on OR she tests positive for heroin.

Following current probation policies regarding positive drug test, Jane is remanded on \$2500 bail. She cannot post bail and she is now in custody. The Public Defender requests a comprehensive clinical assessment for Opioid Use Disorder to determine if Jane is a candidate for medication assisted treatment while in custody. The PD also requests release to a community residential treatment provider with MAT when a bed is available but does not ask for a clinical and level of care assessment at the time of the hearing.

At the disposition hearing, the defendant is offered a grand theft person with a Harvey waiver on the drug counts with no opposition to a local custody sentence. Jane pleads guilty. She is still in custody and not yet receiving medication assisted treatment. At sentencing, the probation department recommends 364 days in custody and a five-year grant of probation. The Public Defender is asking for release to residential drug treatment; however, there is not a bed available. Jane is released on probation and admitted to an outpatient program.

While on probation, her outpatient counselor reports a positive drug test for heroin in the first month of treatment. The defendant is then stepped up to a residential program with medication assisted treatment. She does well for four months. Her counselor approves a pass for her to attend a funeral without supervision and in the company of her old friends. She uses. Would any of your recommendations or conditions be different?

Scenario 1

A full clinical assessment is completed in custody and the clinician recommends initiation of MAT. Jane has never received medication assisted treatment and is very resistant to agreeing to MAT.

Scenario 2

Jane is three months pregnant at the time of her arraignment.

Discussion Questions

Question	Notes
What would happen to this person under the current practice in your county?	
According to our best practices and new standards, what should happen?	
What are the barriers to getting to best practice?	
What have successful counties done/employed to get to best practice?	
What resources and supports are needed to get to best practice?	

Materials provided through the County Touchpoints project may be utilized for the sole purpose of providing Opioid Use Disorder information. Such materials may be distributed with proper attribution from the California Department of Health Care Services, Health Management Associates, and California Health Policy Strategies. Questions may be submitted via email to CountyTouchpoints@healthmanagement.com

Question	Notes
Other	

Criminal Justice and Human Services Recommendations for the Use of Medications for Opioid Use Disorders

PROBATION

Best Practices for Successful Reentry for People Who Have Opioid Addictions, CS Justice Center, Nov. 2018

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Research findings re: Probation and access to MAT 7/19

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ADULT COURTS

Use of Medication Assisted Treatment for Opioid Use Disorder in the Criminal Justice System (SAMHSA 2019)

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