



CALIFORNIA
HEALTH
POLICY
STRATEGIES, LLC.

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

*Discussion Guide
For
JUVENILE
AND
DEPENDENCY COURTS*

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 **JUVENILE AND DEPENDENCY COURTS**.

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

Non-medical use (use without prescription or more than prescribed) of opioid medications by adolescents (12-17 years of age) and young adults (18-25 years of age) is increasing. Emergency room visits and overdose are also increasing in these age groups in California in counties where there is high risk of exposure.

Effective treatments - both substance use disorder counseling and medications approved by the FDA for teens over 16 years and over - are underused where available.

American Academy
of Pediatrics



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The American Academy of Pediatrics (AAP) advocates for increasing resources to improve access for medication assisted treatment of opioid addicted adolescents and young adults where medically indicated. Severe opioid addiction is a chronic relapsing neurological disorder.



NDCI
NATIONAL DRUG
COURT INSTITUTE

The following language is found in the National Drug Court Institute's August 2016 Drug Court Practitioner Fact Sheet: Medication-Assisted Treatment for Opioid Use Disorders in Drug Courts:

Best practice standards require drug courts to permit the use of MAT in appropriate cases. In 2011, the NADCP board of directors issued a unanimous resolution directing drug courts to undertake the following:

- Keep an open mind and learn the facts about MAT.
- Obtain expert medical consultation on MAT when available.
- Make a fact-sensitive inquiry in each case to determine whether MAT is medically indicated or medically necessary for the participant.
- Explain the court's rationale for permitting or disallowing the use of MAT. The resolution also states explicitly that drug courts should not have blanket prohibitions against MAT (NADCP, 2011).

In 2013, NADCP released Volume I of the Adult Drug Court Best Practice Standards. Standard I (Target Population) provides that candidates for drug courts should not be excluded from

participation in the program because they have a legally valid prescription for an addiction or psychiatric medication (NADCP, 2013).

Standard V (Substance Abuse Treatment) further directs drug courts to offer MAT when it is prescribed and monitored by a physician trained in addiction psychiatry, addiction medicine, or a related medical field.

Standard VI (Complementary Treatment and Social Services), released in Volume II of the Standards, directs drug courts to offer psychiatric medications for co-occurring mental health disorders when prescribed and monitored by a psychiatrist or other duly trained medical practitioner (NADCP, 2015).

Drug courts that ignore these provisions are operating below the recognized standard of care for the profession. These drug courts expose themselves to serious criticism, may find themselves ineligible for certain drug court funds and may be overruled on appeal.

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

17-year-old Juan was arrested for possession of heroin for sale and being under the influence of the drug. This is his second arrest for being under the influence. Juan lives with his mother and two younger siblings who are ten and eight years old. Juan appeared at the detention hearing with his court-appointed public defender. The probation officer recommended Juan be detained as (1) a danger to himself by continued use of heroin and (2) a danger to the community as a heroin dealer. The public defender argued that he could be placed in a treatment facility where he would be administered drugs to reduce his addiction to heroin. The District Attorney disagreed and argued for detention.

At the jurisdictional hearing, Juan admitted being under the influence, but argued that he was an addict and that all of the heroin in his possession was for his own use. The D.A. agreed to reduce the charge to simple possession. At the dispositional hearing, the probation officer described Juan's life at home, his poor school record and his good relationship with his mother. A clinical assessment has not been completed to determine the severity of his pattern of use and severity of disorder.

The probation officer recommends a group home placement but is not aware of a program that would meet his substance abuse treatment needs. The District Attorney agrees with the recommendation to reduce the charge. The Public Defender asks that Juan be sent home on probation with a plan for a comprehensive clinical assessment for opioid use and daily visits to

an outpatient drug treatment center. A treatment clinician is called upon as an expert witness by the Public Defender to assess his problems and propose a course of treatment for Juan.

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?	

Question	Notes
What resources and supports are needed to get to best practice?	
What are the implications of MAT in my professional practice?	

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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