



CALIFORNIA
HEALTH
POLICY
STRATEGIES, LLC.

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

*DISCUSSION GUIDE
for
PROBATION*

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 **PROBATION**.

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/NEJMSa064115

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 National Justice Reentry Resource Center, which is within the Justice Center of the Council of State Governments issued *Best Practices for Successful Reentry for People Who Have Opioid Addictions (2018)*. Best practices include:

- Training probation and parole officers on how to work with people who have opioid addictions, and when possible, create specialized caseloads for those individuals who have co-occurring substance addictions and mental illnesses.
- The medication options approved by the Food and Drug Administration (FDA) for people who have opioid addictions are buprenorphine, methadone, and naltrexone. Because some people may respond differently to one medication than another, it is important that people who have opioid addictions have access to all three medication options.
- If a person has received MAT while incarcerated, access to MAT should remain uninterrupted throughout the reentry process.
- Because research has not yet established timelines for the appropriate duration of MAT, criminal justice professionals should not associate the length of time a person is on MAT with success or failure.
- The decision to place a person on or remove a person from MAT is one to be made only by the person who has an opioid addiction in conjunction with a licensed medical practitioner.



Justice Center
THE COUNCIL OF STATE GOVERNMENTS

The following language was issued from a report from the **Justice Center of the Council of State Governments (June 2020)** that finds that, nationally, one quarter of state prison admissions are for minor probation and parole violations. This report provides the following guidance:

- Instrumental to improving treatment outcomes is the sharing of information about screening, assessments, and treatment with the appropriate people involved in case management. It is important that agencies understand all confidentiality guidelines and

work collaboratively to share relevant information with each other through uniform and consistent release of information practices.

- Screen and assess for opioid addiction at all intercept points and establish a process to refer individuals who screen positive to receive a full clinical substance addiction assessment.
- Ensure behavioral health treatment, counseling, and medication assisted treatment where clinically indicated are delivered in the correctional facility and upon release in the community.
- Facilitate in-reach by community-based behavioral health treatment providers and probation and parole agency staff into correctional facilities.
- Create a relapse prevention and distribute materials on overdose prevention and provide naloxone upon release when possible.
- Integrate cognitive behavioral interventions in the correctional facility and in the community to address criminogenic risk and need factors.
- Train probation and parole officers on how to work with individuals who have opioid addictions, and when possible, create specialized caseloads for those who have co-occurring substance use disorders and mental illness.

Study findings indicate a need for administration- and staff-level training, interagency collaboration, and policy changes to increase access to, education on, and use of, medications for probation clients. Such efforts will ultimately help probation clients with OUDs stabilize and adhere to other probation requirements and engage in behavioral therapy, which may result in positive outcomes such as reduced recidivism, increased quality of life, and reduced mortality.

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

Jake is a 30-year-old male who was recently released to Probation under AB109 after serving time in CDCR for sales of drugs and for being under the influence on multiple occasions. His pre-release packet indicates that he was placed in a MAT treatment program for opioid addiction three months prior to release. Additionally, he has done well while in prison, and staff recommend further treatment in the community immediately following his release. This is the first MAT case you have received, but you are aware that CDCR recently received funding for MAT programming in all of their facilities and you expect that you will see more of this type of case.

Once Jake is released to the community, his P.O. comes to you with several concerns. It isn't clear to the P.O. if MAT treatment should be encouraged, since he thinks this is replacing one drug with another. He also is unclear about who is responsible for overseeing treatment, who decides what type of treatment, where the probationer should go for treatment and how long treatment should last. Also, Jake has a history of relapsing and then not completing treatment, and the P.O. is not clear on what to do if this pattern repeats itself. How many chances should Jake have? The P.O. is also concerned about whether there is a consistent approach in the Probation department for this type of supervision, as it seems that different Probation Officers are developing their own plans based on their own view of treatment.

A judge has expressed concern about Jake's treatment recommendations, which include MAT. The judge wants Probation to make a recommendation about how long an inmate should stay on MAT. Your PO's are asking for some direction on writing Conditions of Probation, now that there are more probationers on MAT.

Jake makes it partway through the treatment program when the treatment provider calls the P.O. to report Jake has been discharged from the program for failure to participate. The treatment provider tells you Jake had been doing well for the first six weeks but relapsed and failed to attend sessions after his girlfriend broke up with him. However, Jake has a Condition of Probation that he must complete the program.

Your deputy chief comes to you to discuss this case, as the P.O. is not sure what to do. You have also recently been reading some grim statistics about Probation and Parole: about 25% of state prison admissions nationally are for minor probation and parole violations, such as positive toxicology screens. Nationally, this costs taxpayers about \$2.8 billion per year. Furthermore, in some states there has been a push among legislatures to bar judges from sending probationers who relapse to jail. Jake fits into this group of offenders with SUD who relapse, which is a minor probation violation.

Discussion Questions

Question	Notes
What would happen to this person under the current practice in your county?	

Question	Notes
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?	
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

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

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ADULT COURTS

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https://store.samhsa.gov/system/files/guide_4-0712_final_-_section_508_compliant.pdf

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