# Addiction Medicine in Correctional Settings

CSAM State of the Art: Addiction Medicine September 17th, 2020

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## **Correctional Health Care**

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#### CONFLICT OF INTEREST DISCLOSURE

I, Brian Hurley, have nothing to disclose, and I will not be discussing "off label" use of drugs or devices in this presentation.



#### **EDUCATIONAL OBJECTIVES**

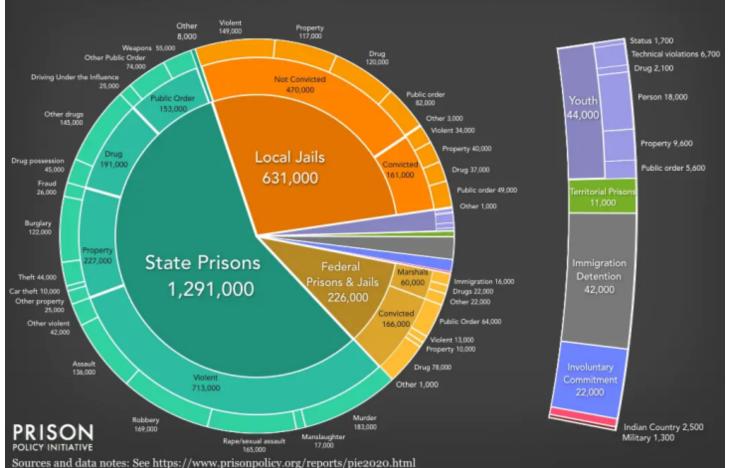
After attending this presentation, participants will be able to:

- 1. Identify, compare, and contrast local, state, and federal jails, prisons, and other detention facilities
- 2. Describe how health care to individuals detained within in these settings is funded and regulated
- Explain how criminal justice systems in the United States disproportionally incarcerates individuals with substance use disorders



#### How many people are locked up in the United States?

The U.S. locks up more people per capita than any other nation, at the staggering rate of 698 per 100,000 residents. But to end mass incarceration, we must first consider *where* and *why* 2.3 million people are confined nationwide.



#### JAIL VS PRISON







## Terminology

#### ■ Parole

- Authorized by <u>state</u> parole board
- Prisoners serve the remaining portion of their sentence in the community
- Parolees required to fulfill certain conditions / adhere to specific rules of conduct

#### ■ Post Release Community Supervision

 A conditional release for prisoners who completed a prison sentence in the local county jail and is typically managed by county probation

#### Probation

- Authorized by <u>courts</u>
- Prisoners supervised by a <u>county</u> probation agency with conditions mandated by the court
- Probationers required to fulfill certain conditions / adhere to specific rules of conduct

#### Conditional Release / Summary Probation

 Managed directly by the court and not by the probation office

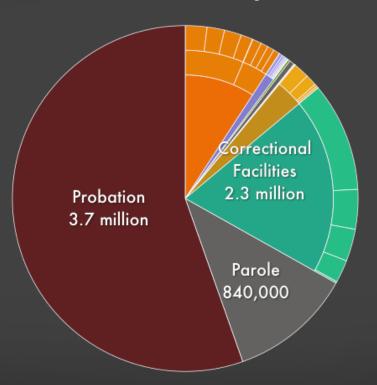
The more serious and violent offenders and highrisk sex offenders are released to state parole and the non-serious, non-violent, and non-sex offenders are released to county-level supervision.

http://www.bjs.gov/index.cfm?ty=tp&tid=1



# Incarceration is just one piece of the much larger system of correctional control

The U.S. justice system controls almost 7 million people, more than half of whom are on probation.







#### HEALTHCARE SERVICES IN CUSTODY

Medi-Cal gets suspended as soon as you go to prison or jail

US Medicaid Inmate Exclusion prohibits claiming Medicaid funds for healthcare services provided to inmates residing in correctional facilities.

There is an exception to this federal prohibition when an inmate receives inpatient services at a medical facility located off the grounds of the correctional facility for an expected stay of more than 24 hours, and the inmate is found to be Medicaid eligible.

<u>See US H.R. 4141 - Humane Correctional Health Care Act</u>

Correctional health services are independently funded and regulated by the entity that manages the detention facility.



#### **CORRECTIONAL STAFFING**

- 1. Correctional Officer / Sherriff's Deputy
  - Hierarchy with chain of command up to a warder, director, and/or governor
- 2. Counselors / Clinicians
  - Sometimes part of the medical team, often part of a separate mental health service
- 3. Care / Case Managers / Linkage Staff
  - Sometimes part of the medical team, often part of a separate mental health service
- 4. Education and workshop staff
  - Often involve Peers / Community health workers
  - Rarely part of the medical team, usually part of a separate mental health service
- 5. Medical Staffing: Nursing, Physicians, NPs/PAs, Dentistry
- 6. Chaplains
  - Usually a standalone service



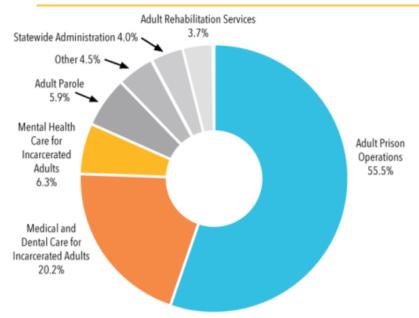
# Map of California's Correctional and Rehabilitation Institutions





## Over 80% of Spending on State Corrections Goes to Prison Operations or to Medical, Dental, and Mental Health Care

Proposed 2019-20 Spending on State Corrections = \$12.7 Billion

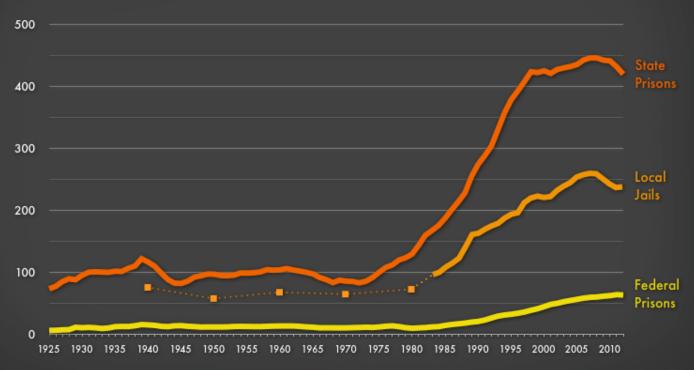


Note: Reflects state operations and local assistance spending through the Board of State and Community Corrections (BSCC) and the California Department of Corrections and Rehabilitation. "Other" reflects the BSCC as well as adult contract facilities, state-level youth correctional operations and services, and certain California Department of Justice legal services. Figures do not sum to 100 due to rounding. Source: Budget Center analysis of Department of Finance data



#### STATE POLICY DRIVES MASS INCARCERATION

(Number of people incarcerated per 100,000 population by level of government, 1925- 2012)



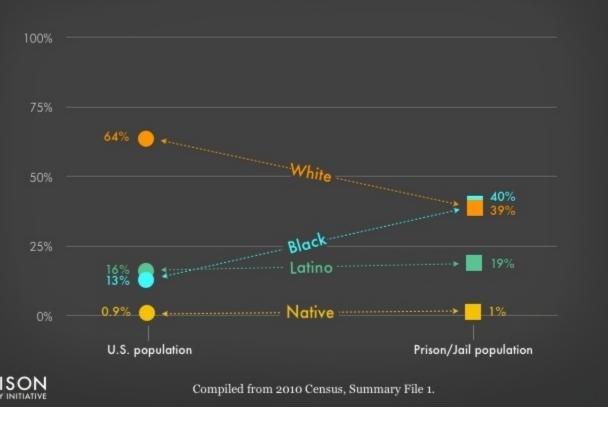


Compiled by the Prison Policy Initiative. For detailed sourcing, see <a href="http://www.prisonpolicy.org/reports/overtime.html">http://www.prisonpolicy.org/reports/overtime.html</a>

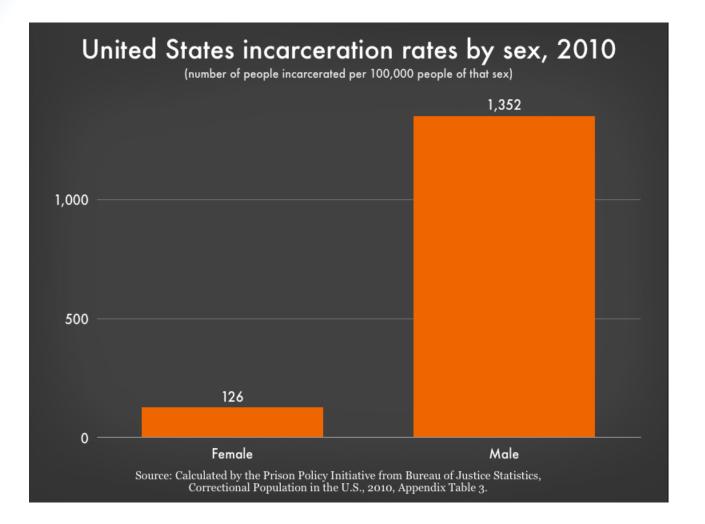


#### Racial and ethnic disparities in prisons and jails

Whites are underrepresented in the incarcerated population while Blacks are overrepresented.

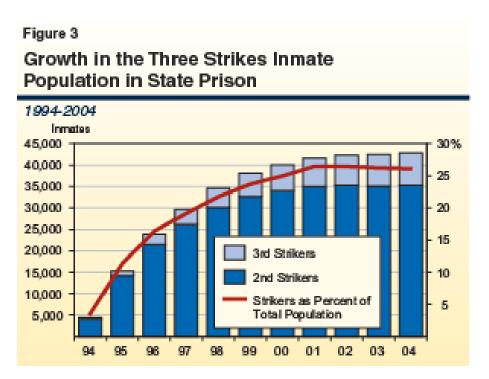






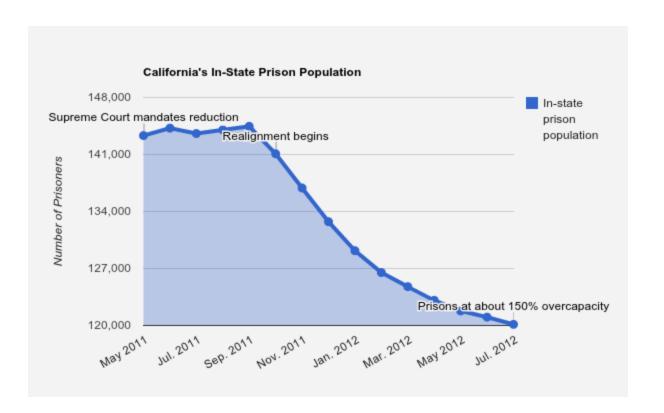


#### CA THREE STRIKES LAW - 2004



http://lao.ca.gov/2005/3\_strikes/3\_strikes\_102005.htm

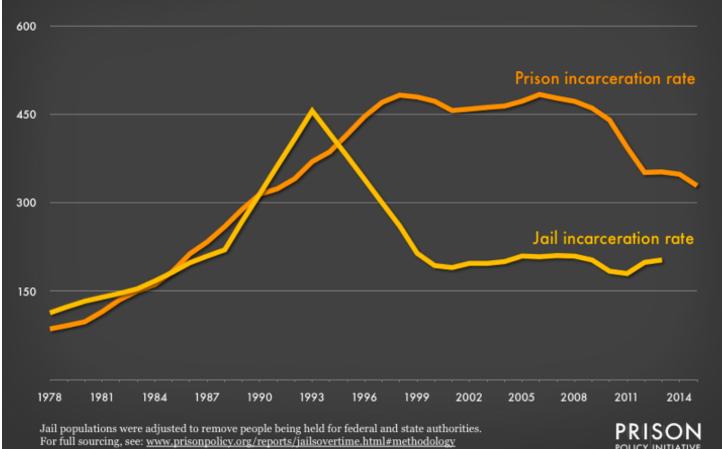






#### California's prison and jail incarceration rates

Number of people incarcerated in state prisons and local jails per 100,000 people, 1978-2015

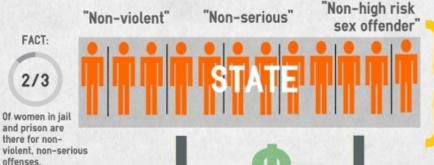




#### California's Prison Realignment In 3 Steps

"What realignment set out to do was change the way that we sentenced lowest level, non-violent, non-serious offenses so that people who have previously gone to state prisons... will be dealt with on the county level with the county correctional justice systems."

- Allen Hopper, Fault Lines, Women Behind Bars



1. Low-level offenders convicted of felonies serve their sentence in county jails rather than state prisons.

No inmates in state prisons are released early or transferred to county prisons under realignment.



Under Realignment,
state monies (a portion of sales
tax revenues, and Vehicle License
Fees) are allocated to county governments
for the purpose of carrying out the mandates
of CA's realignment plan.



"Triple

Nons"

Realignment was adopted by CA as a solution to reducing the state inmate population to 137.5% of design capacity, as ordered by the Three-Judge Court and affirmed by the U.S. Supreme Court.

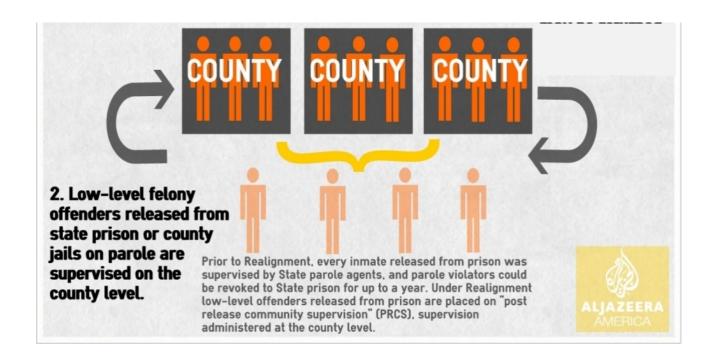
3. Low-level felony offenders who violate their parole, may be returned to county jails not state prisons.





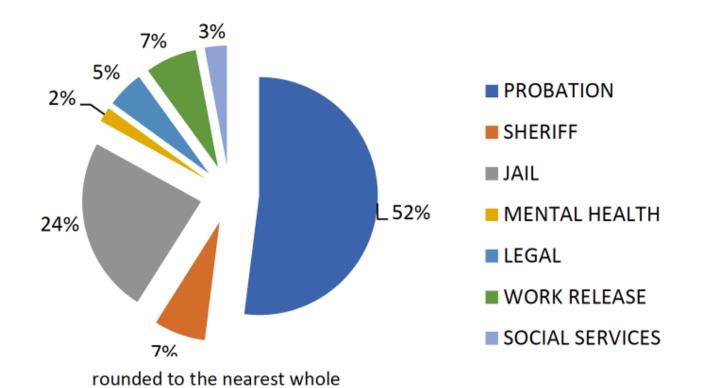








### AB 109: California Public Safety Realignment Act of 2011





### PROP 47 / PROP 57

Prep 47 (passed 2014): changed certain crimes from felonies to misdemeanor:

Simple drug possession

Petty theft under \$950

Shoplifting under \$950

Forgery under \$950

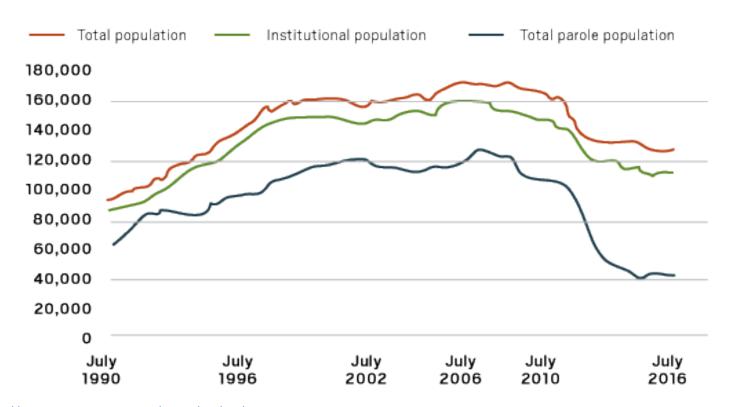
Writing a bad check under \$950

Receipt of stolen property under \$950

Prop 57 (passed 2016): parole for nonviolent felony offences, changed policies on juvenile prosecution, and authorized sentence credits for rehabilitation, good behavior, and education



#### **POPULATION IN CDCR**





#### CALIFORNIA'S INCARCERATED POPULATION

After decades of rising incarceration levels, California's prisons had twice as many people as the buildings were designed to hold. A 2009 federal court order required the state to cut its prison population by roughly 40,000. County jails hold slightly fewer inmates today compared with a decade ago.

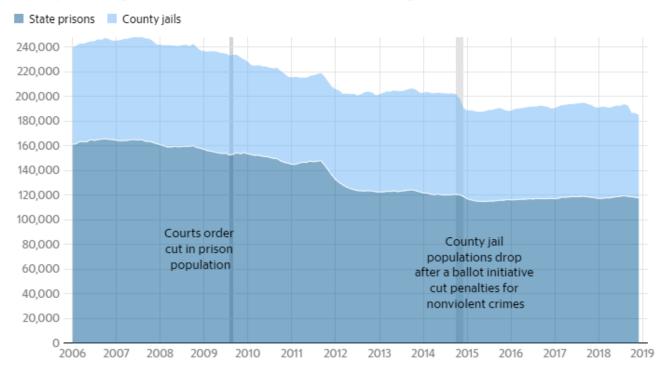


Chart: Nathaniel Levine/The Sacramento Bee • Source: Board of State and Community Corrections, Calif. Dept. of Corrections and Rehabilitation • Get the data







#### **HEALTHCARE IN JAIL**



## Jails: Inadvertent Health Care Providers

How county correctional facilities are playing a role in the safety net

http://www.pewtrusts.org/en/research-and-analysis/reports/2018/01/jails-inadvertent-health-care-providers



#### **HEALTHCARE IN JAIL**

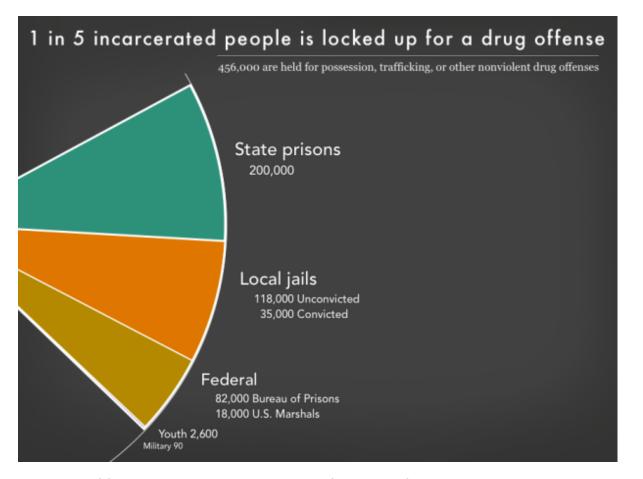
Directly operated vs. contracted health services

Jail's budget spent on health care can vary widely (2.5 to 33%)

Some have 24 hour medical coverage and some do not

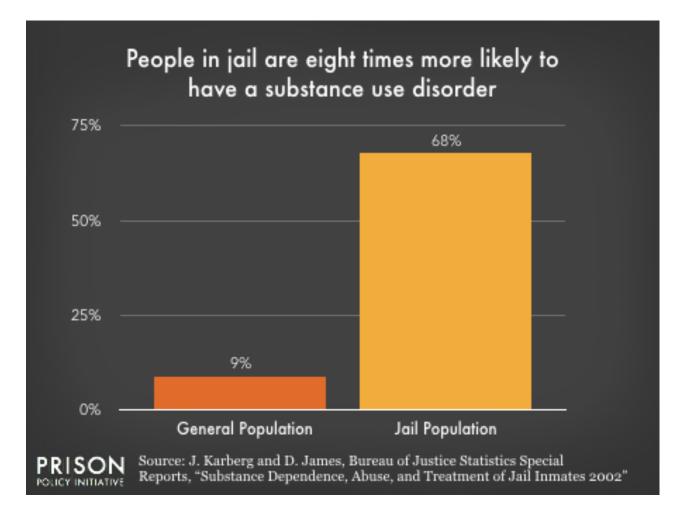
http://www.pewtrusts.org/en/research-and-analysis/reports/2018/01/jails-inadvertent-health-care-providers





http://www.prisonpolicy.org/graphs/drugs\_2018.html







## Correctional Settings

- 65% percent of the incarcerated population in the US has an active substance use disorder.
- Another 20% percent does not meet the official criteria for a substance use disorder, but were under the influence of drugs or alcohol at the time of their crime.
- For those in jail, regular use of <u>opioids</u> was reported at 17 percent.
- Up to 20% of individuals housed within prison in the United States meet criteria for <u>opioid</u> use disorder.

Center on Addiction, Behind Bars II: Substance Abuse and America's Prison Population, February 2010. https://www.centeronaddiction.org/addiction-research/reports/behind-bars-ii-substance-abuse-and-america's-prison-population

Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M. (2017). Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009. NCJ 250546. Washington, DC: Bureau of Justice Statistics

Lo CC, Stephens RC. Drugs and prisoners: treatment needs on entering prison. Am J Drug Alcohol Abuse. 2000;26(2):229-45.

Fazel S, Bains P, Doll H. Substance abuse and dependence in prisoners: a systematic review. Addiction. 2006;101(2):181–91.



## Correctional Settings

- Post-release opioid-related overdose mortality is the leading cause of death among people released from jails or prisons.
- People who have been incarcerated are at risk of death from overdose >100 times greater than the general population.
- Risk is highest in the two weeks after release.

Joudrey, P. J., Khan, M. R., Wang, E. A., Scheidell, J. D., Edelman, E. J., McInnes, D. K., & Fox, A. D. (2019). A conceptual model for understanding post-release opioid-related overdose risk. *Addiction science & clinical practice*, 14(1), 17.

Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, et al. Release from prison—a high risk of death for former inmates. N Engl J Med. 2007;356(2):157–65.Return to ref 15 in article

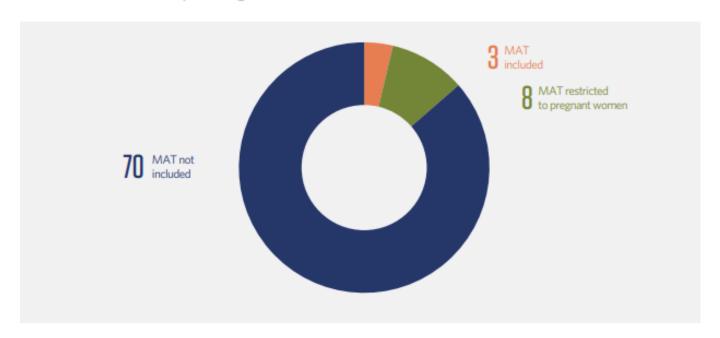
Binswanger IA, Blatchford PJ, Mueller SR, Stern MF. Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. Ann Intern Med. 2013;159(9):592–600.

Merrall EL, Kariminia A, Binswanger IA, Hobbs MS, Farrell M, Marsden J, et al. Meta-analysis of drug-related deaths soon after release from prison. Addiction. 2010;105(9):1545–54.



#### Despite Evidence of Effectiveness, Few of the County Documents Examined Request MAT Services

Number of RFPs requesting MAT services



Note: Jails may seek drug treatment services from community providers, which may include MAT, so the actual proportion of jails providing MAT services in this sample may be higher than shown here.

Source: Pew analysis of RFPs

http://www.pewtrusts.org/en/research-and-analysis/reports/2018/01/jails-inadvertent-health-care-providers



## **Drug Court:**

Drug Court is a problem solving court that provides an alternative sentence to long term jail and/or prison time.





## How Do Drug Courts Operate?

#### **■** Drug courts:

- Identify individuals who have substance use disorders who have committed drug-related crime and places these individuals under ongoing judicial monitoring and community supervision, with court-ordered treatment services (typically long-term treatment is mandated).
- Route individuals to substance use disorder treatment as part of their sentencing
- Are rarely purely diversionary (pre-plea) programs; the majority are strictly post conviction.



## SUMMARY/TAKEAWAYS

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Interested in more?

ASAM <a href="http://www.asam.org/advocacy/toolkits/treatment-in-correctional-settings">http://www.asam.org/advocacy/toolkits/treatment-in-correctional-settings</a>

NCCHC <a href="http://www.ncchc.org">http://www.ncchc.org</a>

