

Addiction Medicine in Correctional Settings

CSAM State of the Art in Addiction Medicine 2020



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CONFLICT OF INTEREST DISCLOSURE

I, **Shannon Robinson**, am an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients and I will not be discussing “off label” use of drugs or devices in this presentation. I have no conflict to disclose.

EDUCATIONAL OBJECTIVES

After attending this presentation, participants will be able to:

Discuss change management strategies employed to promote the use of medications for opioid use disorder in justice-involved populations.

California
Department of
Corrections &
Rehabilitation

California
Jail MAT Project

California
Touchpoints
Project

Steps & Strategies Associated with Change Management/ Organizational Change

1. Identify the problem
2. Organize the team to address the problem
3. Identify the desired outcome
4. Assess the organization
5. Assess the audiences to be targeted
6. Identify approach to achieve outcome
7. Design action & maintenance plan
8. Implement plans & address resistance
9. Evaluate progress
10. Revise plans as needed

Information Dissemination: Training and Education

- **The right education at the right time**
 - Target audience
 - What stage of change are they in right now?
 - Pre contemplative- raise awareness multiple times & ways
 - Changing hearts & minds first
 - Contemplative- provide effectiveness evidence (data & cases)
 - Preparation- develop change plan & remove barriers
 - Action- user friendly info, support, monitor, & provide feedback
 - Maintenance- continue communication
- **New knowledge must be used or it's lost**

Information Dissemination: Training & Education: Changing Hearts & Minds: Addiction is a Disease

- **Importance**
 - SUD contributes to many medical issues & to nonadherence
 - SUD results in multigenerational effects, economic losses
- **Neurobiology of addiction**
 - Genetics, dopamine, time for recovery
- **SUD has similar outcomes to other chronic diseases**
 - Tx not withheld for other diseases when they don't improve
 - Duration of treatment like other chronic diseases
- **Acknowledge diversion**
 - Relationship to low access to treatment
- **Abstinence based treatments don't work, neither does tapering**

Information Dissemination: Training & Education

All staff:

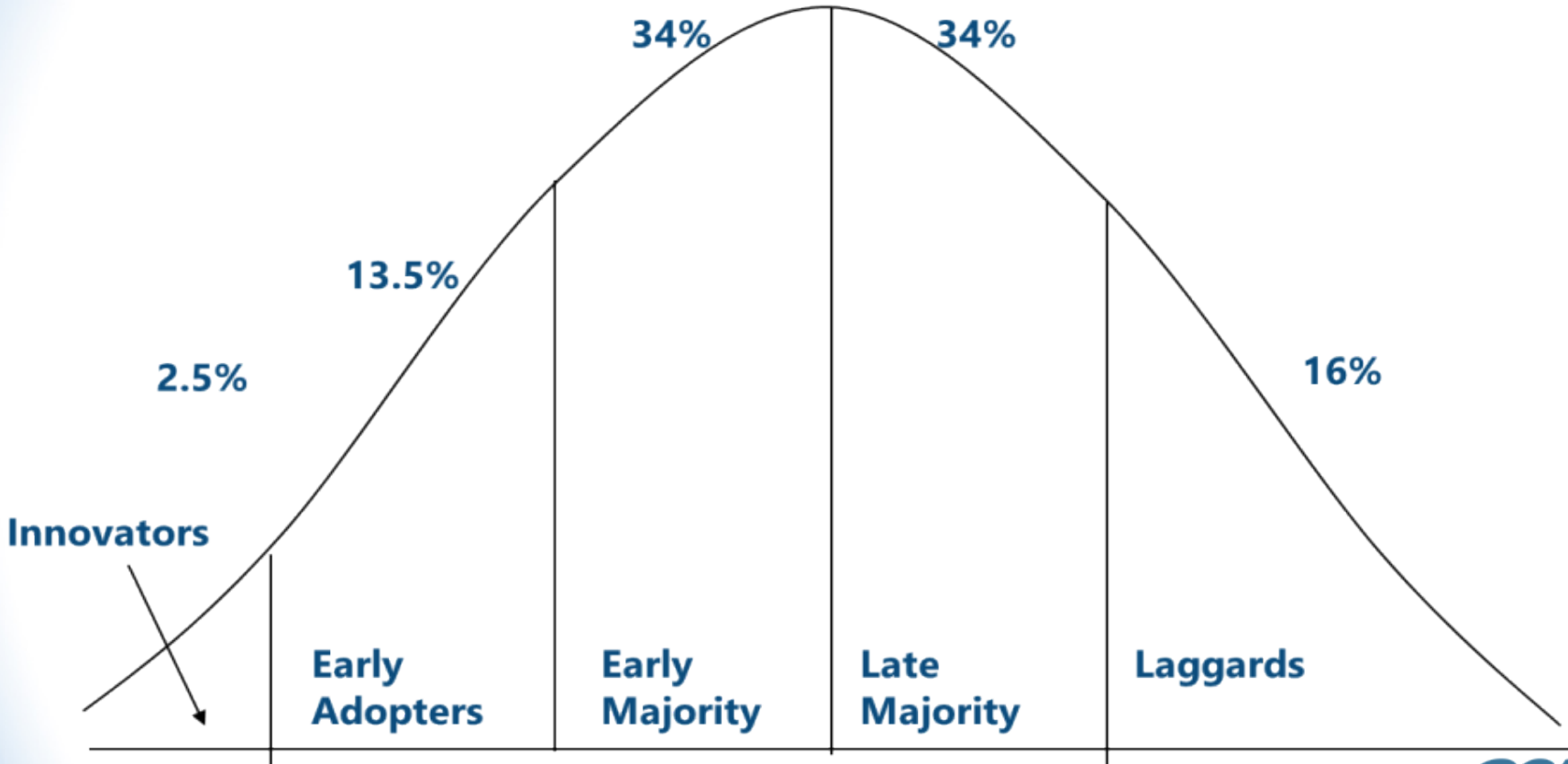
- Addiction as a disease
- Recognizing stigma & correcting myths
- Harm reduction
- Trauma informed care
- Medication for non-prescribers
- Naloxone (Narcan)

Focused training:

- SBIRT/Motivational Interviewing
- Waiver training for prescribers
- Screening and assessment tools
- Behavioral health competencies
- MAT pros & cons of each option; patient selection

 **Initial and periodic training** 

The Adoption of Change



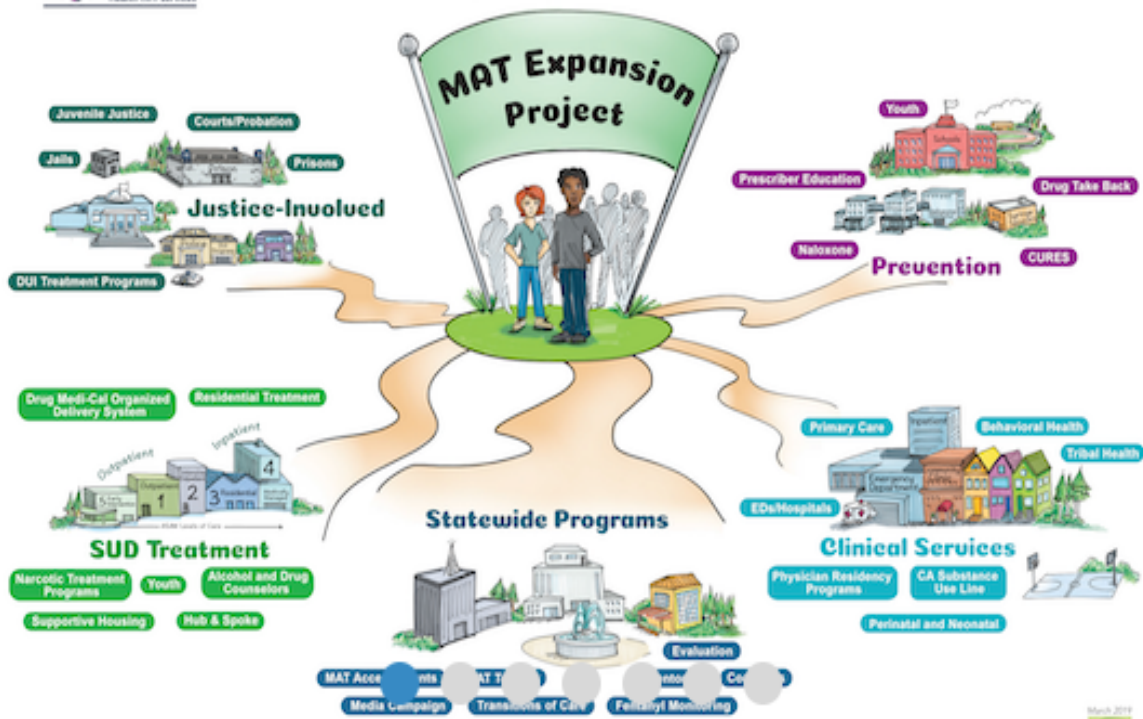
CALIFORNIA DEPT OF CORRECTIONS & REHABILITATION

- Pilot at 2 prisons
 - New knowledge must be used or it's lost
 - Right education at the right time
 - Resistance: Immediately addressed when possible & influence strategic plan & acquisition of resources/ removing barriers
- Pilot to systemwide implementation: Identify priorities & start somewhere
 - Pilot- At that time, SUD program targeted people within 2 y of release
 - Expansion phase- Continuity of care, Pregnant females, High risk med/psych
 - Systemwide implementation

California State Opioid Response Grants



In California, Treatment Starts Here



March 2019

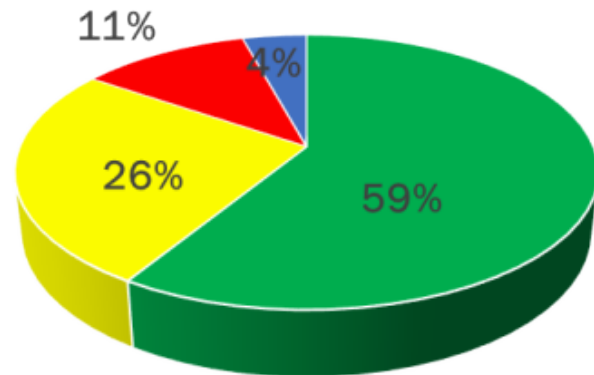
EXPANDING ACCESS TO MAT COUNTY CRIMINAL JUSTICE SETTINGS

- Invited *teams* to be part of Learning Collaborative
 - Team: jail health care & custody, probation, drug courts, county AOD program, county administrator
 - Mandatory Team Commitment:
 - Participate in 4 **in-person sessions & monthly coaching**
 - Move toward **at least two forms of MAT in jails & drug courts**
 - Team benefits:
 - \$25,000 to cover travel costs
 - Implementation grants (\$90,000 – \$300,000) to start activities
 - Access to Advisory Board
 - Learning Collaboratives, website, webinars, podcast...

Spring 2020 DASHBOARD COHORT ONE

- Continuity of Care upon entry into CJ system
- Pregnant women treated with EBPs
- Withdrawal managed with EBPs
- Induction on agonists & antagonist
- MAT integrated into pre-trial services
- SUD screening & assessment with evidence-based tool
- SUD treatment with evidence based BH Practices
- Effective reentry planning
- Effective medication diversion deterrents
- Naloxone
- Community MAT capacity

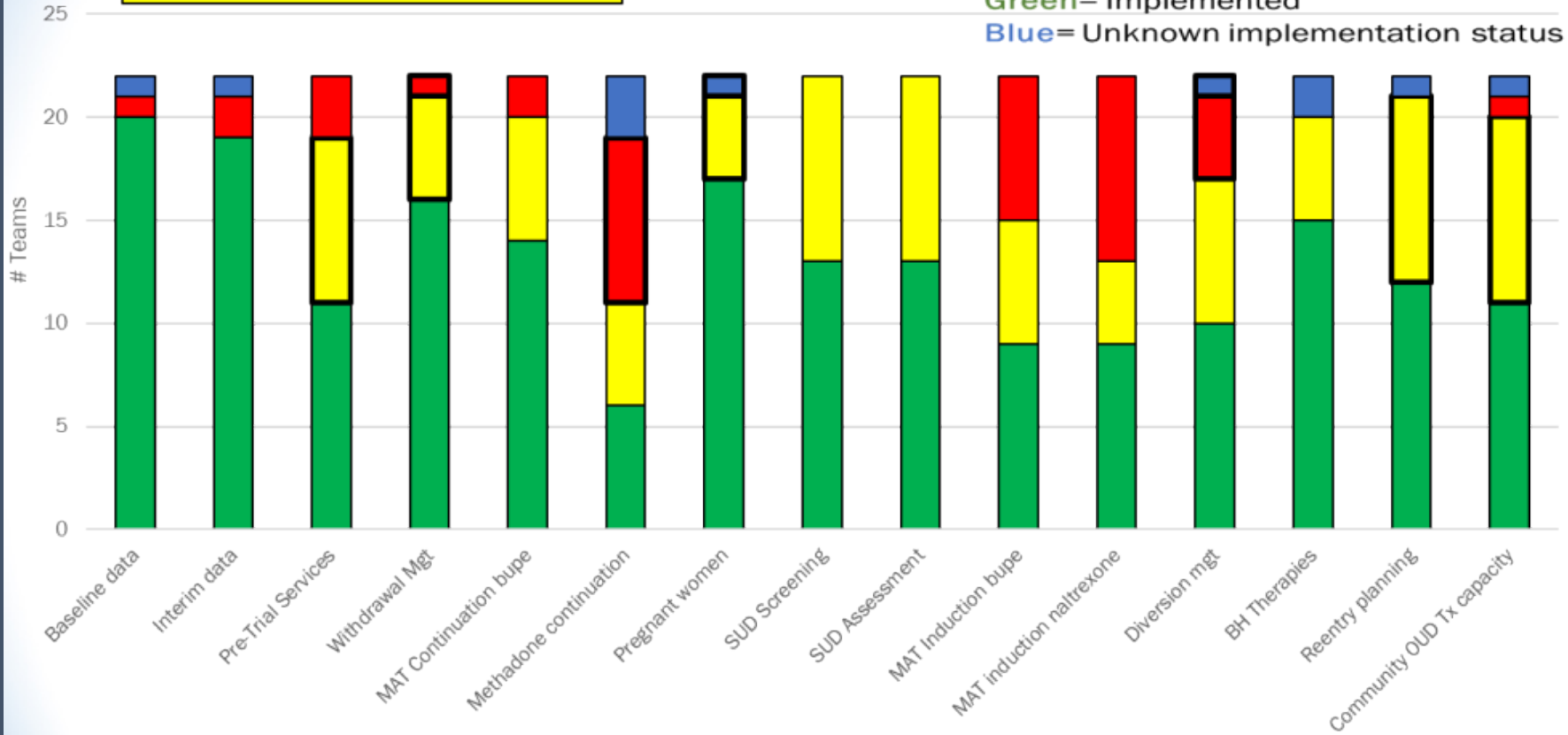
Red= Not implemented yet
Yellow= Plan in place to implement or some progress made but not complete implementation
Green= Implemented
Blue= Unknown implementation status



Cohort One Indicators

PRE-COVID-19 DATA

Red = Not implemented yet
Yellow = Plan in place to implement or some progress made but not complete implementation
Green = Implemented
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JAIL MAT: NEW PROJECT FOCUS AREAS

TOPICS

Stimulants

Methadone in jails

Co-occurring disorders

Withdrawal management

Pregnant women

Diversion

Reentry planning

Pretrial services

County wide MAT

METHODS

New didactic content

Cross- agency problem solving

Articulation of best practices

Coaching calls

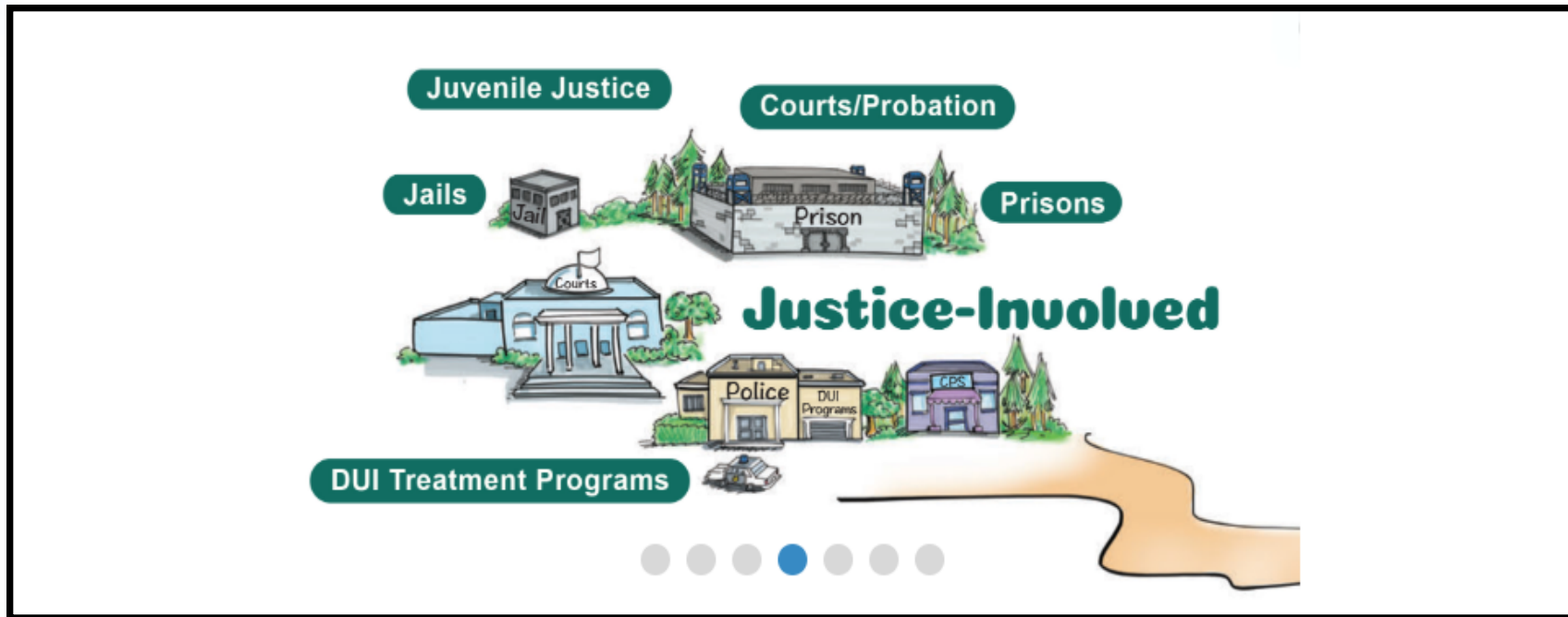
Data reporting

Learning Collaboratives

New implementation grants

County Touchpoints trainings

County Touchpoints in Access to MAT for Justice-Involved Populations



TOUCHPOINTS: STAKEHOLDERS & STRATEGIES

STAKEHOLDERS:

- Probation
- Public Defenders
- District Attorneys
- Child Welfare Workers
- Youth/Dependency Courts
- Adult Collaborative Courts

Recruited
“Stakeholder
Champion” for each
discipline

Converted content
to web-based
modules that
agencies can use
to train staff

Learning
Collaboratives

Developed
customized
workbooks for each
stakeholder group

County Touchpoints Training Modules

1. Overview of County Touchpoints Project
2. Addiction Neuroscience 101
3. The Case for Treating OUD in Justice and Child Welfare Settings
4. MAT Medications
5. Overcoming Objections to MAT
6. Your Profession and MAT
7. Access To and Funding of SUD Treatment in Your County
8. Pregnant and Parenting Women with OUD in the Justice System
9. Interpreting Toxicology Testing in Light of Justice and Child Welfare Objectives

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

WORLD HEALTH ORGANIZATION 2009

Guidelines for Psychosocially Assisted Pharmacological Tx of OUD

National Sheriffs' Association
& National Commission on
Correctional HealthCare
Jail-Based MAT Promising
Practices, Guidelines and
Resources for the Field
October 2018



ASAM
National Practice Guidelines for the
Treatment of OUD 2020 Update



Toolkits

SAMHSA
Evidence Based Resource Guide
Use of MAT for OUD in
Criminal Justice 2019

CA Dept of HealthCare Service:
MAT Toolkit for Justice
System Professionals 2019

National Council for Behavioral Health:
MAT for OUD in Jail and Prisons 2020

SUMMARY/TAKEAWAYS

Change management strategies will help you promote MAT.

When thinking about peripheral touchpoints outside of jail or prison healthcare staff, please ensure to include all the following in training except: Probation staff; Custody officers/ guards; Parole board members; CA Supreme Court clerks

Within CDCR, which of the following was NOT an initial priority population for MAT? Inmates with OUD < 2y from release date; Inmates with tobacco use disorder who asked for varenicline; pregnant females with OUD, inmates arriving on MAT from county jails

Resistance can lead to unsuccessful efforts to implement MAT. Resistance frequently comes from: Correctional health providers; Lawyers (district attorneys, prosecutors, judges); Child Protective Service workers; all of the above

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