

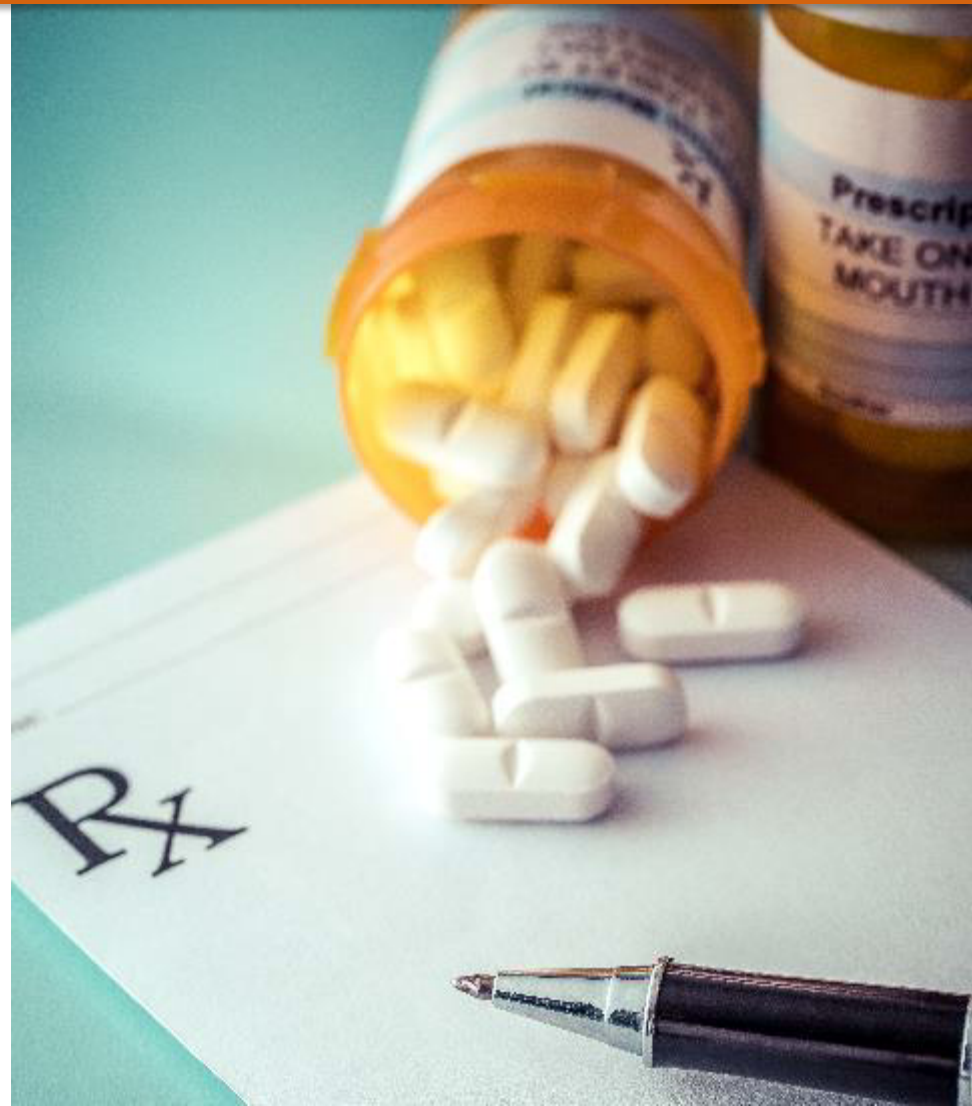


California Health Care Foundation

Closing the Loop in Treating Opioid Addiction:

Integrating MAT into Prison and Jail Health Systems

May 9, 2018
Webinar



Housekeeping

- All lines are muted
- This session will be recorded
- To ask a question:
 - Questions for Presenters: Type your question directly in the Q&A box.
 - Logistical questions: Use CHAT feature and address your question to all panelists.

Every Door Is the Right Door



County of Los Angeles- Department of Health Services
Correctional Health Services
Addiction Medicine Services

Addiction Treatment Services within the Los Angeles County Jail System: From Concept to Implementation

HOLLY A. MCCRAVEY, DIRECTOR OF ADDICTION MEDICINE SERVICES

DR. ARASTOU AMINZADEH, MEDICAL DIRECTOR OF ADDICTION MEDICINE SERVICES



Overview

- ❑ Los Angeles County Department of Health Services-Correctional Health Services (CHS) was awarded a technical assistance grant by California Health Care Foundation to examine correctional facilities with established policies and procedures for Medications for Treatment of Addiction, and to expand SUD treatment in LA jails.
- ❑ Site visits to Rhode Island and Rikers Island
 - ❑ Lessons learned
- ❑ Los Angeles County Addiction Medicine Services
 - ❑ Medication for Treatment of Addiction
 - ❑ START Treatment Services



Corrections is an Ideal Setting for Treatment of Substance Use Disorders

- ❑ Substance use disorders, including opioid use disorders, are markedly overrepresented in our incarcerated populations.
- ❑ Release from jail and prison is associated with a dramatic increase in death from opioid overdose among those with untreated opioid use disorder. One study showed 12.7 increased risk of death during the 2 weeks post release (1.Binswanger et al 2007)
- ❑ Providing treatment access during incarceration is often the first time detainees in treatment.
- ❑ Warm handoffs to community-based care upon release can help save lives-



Rhode Island Department of Corrections

- ❑ Unified system covering jails and prisons; 3,000 total detainees
- ❑ In response to overdose of a son of prominent RI business owner, Governor mandated comprehensive opioid treatment initiative and allocated \$2 million; half went to the RIDOC
- ❑ Provides all forms of MAT to pre-sentenced and sentenced detainees
- ❑ All detainees screened for SUD and withdrawal at intake; positives further screened with TCU5.
- ❑ TCU5 positives are urine tested within 24 hours of booking; results go in medical record, not to custody



RIDOC Program

- ▶ All detainees on MAT at booking – any form - are maintained
- ▶ Detainees with SUDs are offered methadone, oral naltrexone, and buprenorphine inductions along with SUD treatment services and SUD treatment services under an abstinence model.
- ▶ Each inmate's unique treatment objectives are met.
- ▶ Detainees are not cohorted in housing units based on SUD treatment, as this is felt to deter detainees from accepting treatment.
- ▶ MAT inductions currently can take up to 5 days to start, RIDOC is working to reduce that period.

RIDOC Program

- ▶ Suboxone prescriptions are capped at 16 mg per day; use film
- ▶ Detainees using oral naltrexone are given a Vivitrol injection close to the release date.
- ▶ Buprenorphine administered in separate med line
- ▶ Contractor that provides MAT and recovery services with in jail is the a licensed NTP and will be the community NTP provider when the detainee is released
- ▶ Excellent system for warm hand-offs, even when release is unplanned

RIDOC Outcomes

- ▶ Currently one-third of female detainees are on MAT
- ▶ 76% of detainees released on MAT continue their care post release and receive at least one dose of MAT; average 3 Vivitrol injections post release; buprenorphine has less continuity of use post-release than methadone

RIDOC has seen a 61% drop in opioid overdose deaths after release within a year of program launch, contributing to a 12% overall drop in overdose deaths across the state.

Rikers Island

- ❑ Nine jails on the Island and three in boroughs; ADP 9,200
- ❑ All detainees found to have SUD on arrest taken a single facility for detox
- ❑ Long history and well developed methadone system in NYC; anyone released from Rikers can access methadone the next day
- ❑ Buprenorphine not widely available yet in NYC SUD treatment network
- ❑ Rikers is a licensed NTP provider of methadone and buprenorphine
- ❑ “Presumptive eligibility” to be maintained on methadone, unless charges will send detainee to prison. DOC does not provide methadone, so detainees with 45 days or less before prison are started on methadone taper



Rikers Island

- ▶ Methadone provided in pill form dissolved in water, separate medication line
- ▶ Suboxone provided in film form, in regular medication line
- ▶ Offers SUD treatment in Therapeutic Community too; may be on MAT in that program
- ▶ Average 2017 185 detainees per day on methadone; 30 per day on buprenorphine
- ▶ Rikers provides naloxone kits to visitors on the Island who receive training while waiting and pick up kits at exit.
- ▶ New York has seen twice the rate of adherence in outpatient treatment when methadone is continued during a jail stay compared to withdrawing detainees from methadone

Lessons Learned

- ▶ Must build understanding across all health care and custody staff about addiction as a disease, treatment objectives, and treatment tools
- ▶ Training, training, training of everyone
- ▶ Partner with custody and nursing to design strategies to reduce drug diversion
- ▶ Build a treatment system that can be sustained in the community THIS SAVES LIVES
- ▶ People have different treatment objectives – honor them, including abstinence models
- ▶ Need excellent data system and evaluation plan

Los Angeles County Jail System

- ❑ On average 18,000 daily population across seven jails under the supervision of the Los Angeles County Sheriff's Department.
- ❑ Approximately 68% have a diagnosable SUD and 72% are co-occurring mental health and SUD.
- ❑ Of these, approximately 18% have an opiate addiction.



Health Services
LOS ANGELES COUNTY

Los Angeles County Jail System

In January 2017, The Board of Supervisors approved funding to create jail-based substance use disorder (SUD) treatment services to treat 500 inmates on any given day located in four jail facilities for high-risk populations.

- ❑ Gender-specific programming for men and women.
- ❑ Gay and transgender men.
- ❑ Co-occurring mental health and substance use disorders.
- ❑ Inmates assessed using the American Society of Addiction Medicine (ASAM) who scored a level 2.1 or above.



Management of Addiction in Correctional Health

- ❑ Incorporating treatment and management of addiction into Patient Centered Medical Home model of care in the jails.
- ❑ Provide all FDA approved medications to treat and manage addiction within Correctional Health.
- ❑ Providing medications for the treatment of addictions along with the evidence-based psycho-social therapies (START).



Goal of Correctional Health is to make all FDA medications for addiction available to inmates in all ASAM levels of care.

❑ Current medications available:

- ❑ Acamprosate
- ❑ Buprenorphine for Pregnant women for withdrawal management
- ❑ Disulfiram
- ❑ Naltrexone (oral)
- ❑ Vivitrol (injection)



American Society of Addiction Medicine (ASAM)

- ASAM Criteria
- Current levels of care
 - .05- SBIRT
 - 1.0 – Outpatient
 - 2.1- Intensive Outpatient
 - 3.0 – Residential
 - 3.5 Clinically monitored
 - 3.7 Medically monitored
 - 4.0- Medically Management inpatient



Health Services
LOS ANGELES COUNTY

Management of Addiction in Correctional Health

- ❑ Withdrawal Management
- ❑ Current medications available:
 - ❑ Acamprosate
 - ❑ Buprenorphine
 - ❑ Disulfiram
 - ❑ Naloxone
 - ❑ Naltrexone (oral and injectable)
 - ❑ Methadone maintenance



Withdrawal Management

- ❑ “Detox pods” currently in use for alcohol withdrawal.
- ❑ Soon to expand to include moderate to severe opiate withdrawal.
- ❑ Soon to include benzodiazepines withdrawal.
- ❑ Future goal is to manage mild withdrawal on a outpatient basis through the patient centered medical homes.



Buprenorphine

- ❑ Currently in use for pregnant women suffering from opioid use disorder
- ❑ Ongoing projects:
 - ❑ Use of buprenorphine for management of opioid withdrawal for all inmates.
 - ❑ Explore options of buprenorphine maintenance versus induction prior to release.



Naloxone

- ❑ Implementing opiate overdose (OD) emergency response training for custody and nursing staff.
- ❑ Patient education for opiate OD and use of naloxone.
- ❑ Coordinated release with Correctional Health Care Transition team to deliver Naloxone kits to inmates upon release.



Naltrexone (oral and injectable)

- ❑ Patients offered pill formulation during incarceration.
- ❑ Upon 7-10 days prior to release, patients are given of dose of long-acting Naltrexone (Vivitrol).
- ❑ Patients are connected to community based treatment providers for medication and continued SUD treatment upon release..

Methadone Maintenance

- ❑ Planning to offer methadone maintenance to those who were enrolled in community opioid treatment program (OTP) prior to arrest.
- ❑ Interim plans include exploring the options of contracting with community-based OTP to provide services in-custody.
- ❑ Long-term plan is for Correctional Health to be licensed as a opioid treatment provider.



Substance Treatment And Re-entry Transition (START) Program

START is a collaboration between:

- ❑ The Department of Health Services-Correctional Health Services (DHS/CHS).
- ❑ Los Angeles County Sheriff's Department (LASD)



Health Services
LOS ANGELES COUNTY

START Objectives

- ❑ Make SUD treatment that is evidence based, integrated, and high quality, that is measureable and outcome driven available to every inmate in need.
- ❑ Increase use of addiction medication to assist inmates in the recovery process.
- ❑ Effective reentry planning to support and sustain recovery.
- ❑ Improve quality of life and overall health outcomes.
- ❑ Reduce crime and recidivism



START Components

- ❑ START Participation is voluntary or court-ordered.
- ❑ Includes pre-adjudicated and sentenced inmates.
- ❑ Treatment includes up to 9 – 15 hours a week of evidence-based group and individual counseling, case management, cognitive behavioral therapy, motivational interviewing, trauma informed approaches, interventions to address substance use and criminal thinking.
- ❑ Setting is evolving to a therapeutic community based on Residential Substance Abuse Treatment (RSAT) Standards of Care.



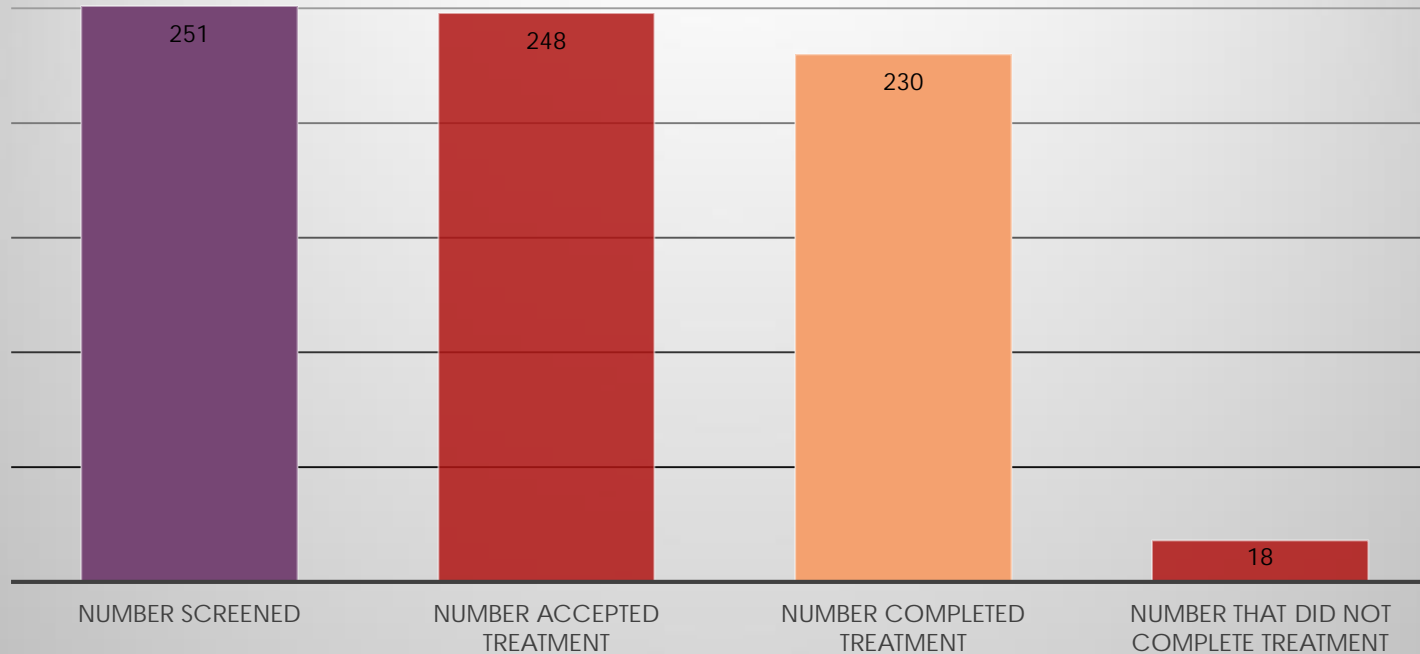
START Performance Metrics

As of April 30, 2018 Los Angeles County is 63% (n=319) towards its goal of treating 500 inmates on any given day.

- ❑ Women: 93
- ❑ Men: 112
- ❑ Gay and Transgender: 68
- ❑ Co-occurring: 46

START Performance Metrics

START Clients served Calendar Year 2017



Health Services
LOS ANGELES COUNTY

Questions & Discussion

Additional Opportunities for CA Counties

CHCF “Virtual Network” of Jail MAT Providers

- Calls every other month to share experience and information
- Clinicians and other stakeholders

DHCS Learning Collaborative: MAT in Jails/Drug Courts

- Request for Applications out in June
- Up to 20 counties selected
- Teams of key stakeholders from jail, CJ system, SUD system, county
- Commitment to using at least two forms of MAT
- Year-long learning collaborative with education, resources, facilitating, technical assistance
- Funding to cover travel and/or local management

Holly McCravey

hamccrav@lasd.org

Arastou Aminzadeh, MD

aaminz@lasd.org

Kelly Pfeifer, MD

kpfeifer@chcf.org

Donna Strugar-Fritsch

dstrugarfritsch@healthmanagement.com