Exploring Solutions for the Opiate Problem at each Intercept

Montgomery County Collaborative to focus on Opioid/Heroin Epidemic

September 27, 2016
SUBSTANCE ABUSE PREVALENCE: PRISONS AND JAILS

• The U.S. holds 5% of the world's population
  – Consume 2/3 of the world's illegal drugs
  – Incarcerate 1/4 of the world's prisoners

• 65% of all U.S. Inmates meet medical criteria for substance abuse/addiction; only 11% receive any treatment


Increased Exposure

Overall Growth in Rx Use:
- New and better preventive drugs
- HC insurance pressure

Widespread Diversion of Rx Drugs:
- Internet
- Pill Mills
- Deception/Scams
- Theft

Changing Rx Pain Management Guidelines
- Pain as 5th Vital Sign

Perceived Legitimacy and Safety of Rx Drugs

ODH Violence and Injury Prevention Program
Sequential Intercept Mapping

Sequential Intercept Model
Critical Intervention Points for Change: Heroin Partnership Project

Intercept 0
Prevention, Treatment and Regulation

Intercept 1
Initial Contact and Emergency Services

Intercept 2
Initial Hearing and Initial Detention

Intercept 3
Jails and Courts

Intercept 4
Re-entry

Intercept 5
Probation/Community Supervision

Communities

Law Enforcement

Initial Detention

Initial Hearing

Specialty Courts

Jail

Parole

Violations
Sequential Intercept Mapping

Depicts contact/flow with the criminal justice system

- Transform fragmented systems
- Assess local gaps & opportunities
- Identify where to begin interventions
- Collaboration – sharing the problem
Goals

- Promote & support recovery
- Provide safety, quality of life for all
- Keep out of jail, in treatment
- Provide constitutionally adequate treatment in jail
- Link to comprehensive, appropriate, and integrated community-based services
- Divert people from criminal justice system by doing business differently
SEQUENTIAL INTERCEPT MODEL
Sequential Intercept Mapping*

*Adapted through the lens of Opiate Use Disorders

Key concepts related to Opiate involved persons:

– Overview of Addiction
– Medication Assisted Treatment
– Street Drugs Vs. Prescription Opioids
– Levels of Care
MEDICATION ASSISTED TREATMENT (MAT)

Three Medication Options

• Agonist Therapy
  – Methadone Clinics

• Partial Agonist/Antagonist Therapy
  – Subutex (Buprenorphine)
  – Suboxone (Buprenorphine/Naloxone)

• Antagonist
  – Naltrexone
    • Oral (ReVia)
    • Long acting injection (Vivitrol)
KEY DIFFERENCES BETWEEN MEDICATIONS USED TO TREAT PATIENTS WITH OPIOID DEPENDENCE

- Prescribing Considerations
  - Frequency of Administration
  - Route of Administration
  - Restrictions on Prescribing or Dispensing
  - Abuse and Diversion Potential
  - Additional Requirements

- Benefits/Advantages

- Cautions/Concerns
ILLICIT STREET DRUGS VERSUS PRESCRIPTION DRUG ABUSE

• Not a Heroin problem, or a Prescription Drug Problem: It’s an OPIATE Problem
• Heroin is cheaper and purer than ever; Prescription Opiates are more available than ever.
• Many Opiate addicts use both Rx Opiates and Heroin, based on accessibility.
• Per the Ohio Board of Pharmacy, there were enough opiate Rx filled in 2014 to give over 60 opiates doses to every citizen in Ohio.
  – Ross County OARRS data equated to 100 doses for every man, woman, and child in the County.
Intercept 0
Prevention, Treatment, Regulation

COMMUNITY
Regulatory Practices
Primary Prevention
Access to Effective Treatment
COMMUNITY INVESTMENT AND ENGAGEMENT

• Engage families, general population, clinicians, others
• Evaluate and communicate information on local deaths due to drug overdose
• Discuss aggregate opioid prescribing data available through OARRS
• Local Coalition
• Opportunities for proper disposal of unwanted or expired prescription medication
• Identify community risks and assets
REGULATORY PRACTICES – PROMOTE RESPONSIBLE PRESCRIBING

• Disseminate information to local prescribers and pharmacies about the state’s prescribing guidelines
• Promote use of the Ohio Automated Rx Reporting System (OARRS) - enables prescribers and pharmacists to identify potential abusers of prescription drugs
PREVENTION

- Educate public and encourage use of 911
- Evidence-based practices and programming
- Community Coalitions and youth-led efforts
- Culturally relevant health information and communication
- School and community-based, culturally relevant information and materials
- Environmental strategies (can be regulatory)
- Start Talking! And Know! tips for parents
Treatment of Opioid Addicted Patients

• Assessment
• Detoxification
• 12 step groups and counseling
• Medication
HIGHER RISK INDIVIDUALS

• Based on NSDUH data higher risk individuals were:
  – Male
  – Aged 18 – 25 years
  – Non-Hispanic white
  – Resided in larger urban area (>1 million persons)
  – <$20,000 annual household income
  – No insurance or Medicaid
  – Past year abuse/dependence
    • Alcohol, marijuana, cocaine or opioid pain relievers*

MMWR July 10, 2015. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s_cid=mm6426a3_w
TREATING A BIO-BEHAVIORAL DISORDER LIKE ADDICTION MUST GO BEYOND JUST MEDICATION

We Need to Treat the Whole Person!

Pharmacological Treatments (Medications)

Behavioral Therapies

Medical Services

Social Services

In Social Context
Intercept 1
Law enforcement / Emergency services

COMMUNITY

Dispatch
911

Local Law Enforcement

Arrest
CHALLENGES – INTERCEPT 1

- Greatest number of arrests in U.S. are for drug-related crimes (2013 FBI statistics)
- No where to take people other than jail
- Lack of training – addiction as public health issue; mental illness information; de-escalation
- Poor outcomes
  - Arrest
  - Use of force and unsafe responses
  - Further disruption or postponement of treatment
  - Injury, death
SPECIALIZED RESPONSE: BASIC PRINCIPLES

• Harm reduction and health promotion
• Encourage drug users to seek recovery
• Partnerships and access to treatment programs and community services
• Identifiable and centralized crisis response site for law enforcement
• “Police-friendly” policies and procedures
• Streamlined intake
• “No refusal” policy
• Innovative and extensive cross-training
INTERCEPT 1: INTERCEPTING AT FIRST CONTACT
POLICE & EMERGENCY SERVICES

• Enhanced training of law enforcement and emergency medical personnel
• Ready access to naloxone through Project DAWN and first responders
• Police drop off for sobering up (23 hour observation) – Summit County Crisis Center
• LEAD (Law Enforcement Assisted Diversion)
  • Seattle program
• Gloucester P.D. Angel Program
  Gloucester PD Angel Project
• Lucas County Sheriff’s Office DART Program
Intercept 2

Initial detention/Initial court hearings

Arrest

Initial Detention

First Appearance Court
CHALLENGES - INTERCEPT 2

• Multiple agencies have stake in outcome
• Less flexible – limited options
• System moves fast – consumers swept up in the rush
• Appointed counsel or public defense
• Lack of resources
• Bail decisions
• Defendants detained for the entire pretrial period are more likely to be sentenced to jail or prison – and for longer periods of time (Lowenkamp, VanNostrand, Holsinger/Arnold Foundation)
PROMISING AND BEST PRACTICES

- Role of Pretrial Services, bail investigators
- Use of management information systems to identify and re-link to services
- Immediate referrals to community services
- Screening
- Liaisons, Service providers attending arraignment hearings
- Court supervised release as condition of bail
- Follow-up into the community
VALIDATED SCREENING TOOLS

• TCU Drug Screen V
  • screens for mild to severe substance use disorder

• GAIN SS (Global Appraisal of Individual Needs Short Screen) (Wood and Lucas Counties)
  • can be used to screen for both MH and AoD

• Veteran/Military Screening

• Brief Jail Mental Health Screen (Sandusky, Shelby)
  • 3 minutes at booking by corrections officer
  • 8 yes/no questions
  • General, not specific mental illness

• Ohio Risk Assessment System (ORAS) or other validated risk tool

Steadman et al. (2005)
Intercept 3
Jails/Courts

Specialty Courts

Other Court Programs

Jail-Based:

Mental Health & Substance Abuse Services
CHALLENGES - INTERCEPT 3

- Longer Stays
- Case Outcomes
- Reason for Detention
- Impact of Detention
- Medication
- Housing - classification
INTERCEPT 3: JAILS

- **In-jail services:**
  - Identification / screening
  - Withdrawal scales
  - Access to effective substance abuse & mental health services
  - Access to medications
  - Communication with previous services as appropriate
  - Crisis Intervention Team training
  - Peer Supports
USING CRIMINAL CHARGES TO LEAD TO TREATMENT

- Diversionary or Intervention in Lieu --- Generally pre-adjudication contracts with judges to participate in treatment; Conviction is not recorded
  - Example:
    - Prosecutor holds charges in abeyance based on agreement to enter treatment under supervision of mental health court; Plea is entered but adjudication is withheld

- Post-Plea Based --- Adjudication occurs but disposition or sentence is deferred
  - Example:
    - Guilty plea is accepted; Sentence is deferred

- Probation Based
  - Example:
    - Conviction with treatment as a term of probation plus suspended jail sentence

Griffin, Steadman, & Petrila 2002
INTERCEPT 3: DRUG COURTS

• Limited, specialized docket
• Specially assigned judge
• Problem-solving
  – Expanded scope of non-legal issues
  – Hope for outcomes beyond law’s application
  – Foster collaboration among many parties
• New roles for judge, attorneys, and treatment system

(Petrila & Poythress, 2002)
OHIO SPECIALIZED DOCKETS

- Drug Courts Courts
- OVI/DUI Courts
- Veterans Courts
- Re-entry Courts
- Child Support Enforcement Courts
- Mental Health Courts
- Domestic Violence Courts
- Sex Offender Courts
Intercept 4
Reentry

Prison

Jail Reentry
CHALLENGES - INTERCEPT 4

- Delay or break in continuity of services
- Employment
- Supports
- Transportation
- Medication discontinuation
- Housing
- Organized discharge planning
- Post release risk of death
REENTRY MODELS

- Continuity of Care or Pre-release Policies
- Refer Out
  - Institution staff refer to community agencies
- Community Linkage
  - Collaborative relationships with community agencies / warm hand-offs
- In-Reach
  - Providers come in for intake (Butler County)
- Transition Reentry (Centers)
  - Shared responsibility (NY, TX)
PUBLIC BENEFITS

- SOAR (SSI/SSDI Outreach, Access, Recovery)
- Expedite payment/application process
- Reduce Barriers
- Tenants Outreach
- Ohio Benefit Bank
- ROMPIR
- Medicaid Expansion
- Medicaid Suspension vs. Termination
# Ohio Reentry Support Services

<table>
<thead>
<tr>
<th>Summit County Reentry Network</th>
<th>Lutheran Metropolitan Ministry Women’s Re-entry</th>
<th>Peer Based Services (P.E.E.R. Center and Oasis Club)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reentry Support Groups</td>
<td>Peer Support Groups</td>
<td>Support Groups &amp; Peer Activities</td>
</tr>
<tr>
<td>Job Search Workshops</td>
<td>Employment Coaching</td>
<td></td>
</tr>
<tr>
<td>Community Links</td>
<td>Resource Linkages</td>
<td>Resource Assistance</td>
</tr>
<tr>
<td>Expungement /Clemency Clinics</td>
<td>Temporary Transportation Assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drop In Center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm Line</td>
<td></td>
</tr>
</tbody>
</table>
GAINS REENTRY CHECKLIST

- Based on APIC Model
  - Assess, Plan, Identify, Coordinate
- Assist jails in re-entry planning
- Quadruplicate – central record
- Inmates potential needs
- Steps taken

[Reference URL]
RETURNING HOME OHIO

• Collaboration between Ohio Department of Rehabilitation and Correction (ODRC) and Corporation for Supportive Housing

• Provides permanent supportive housing for offenders with disabilities as they are released from Ohio prisons

• Permanent supportive housing can reduce recidivism and homelessness in this population

• In operation since March 2007
Criminal Justice Service Continuum of Ohio Dept. Mental Health and Addiction Services

- Community Linkage Expansion (Adults and Youth)
- Expedited Social Security and Medicaid
- Forensic Monitoring & Evaluation
- Treatment Alternatives to Street Crime (TASC)
- Access to Recovery (ATR)
- Circle for Recovery Ohio (CFRO)
- Community Innovation Grants
- Specialized Dockets Payroll Subsidy Project
Intercept 5
Community corrections / Community support

Parole

Probation

Violation

Violation

COMMUNITY
CHALLENGES with people with substance use disorders and probation

- Coordinated approaches and philosophies
  - Abstinence, learning new behaviors, education, employment, stability
  - Examine the specific inabilities or barriers of each individual in order to increase compliance.
  - Maximize limited resources in creative ways to address the specialized needs of this population

Dauphinot (1996)
STRATEGIES TO IMPROVE SUCCESS FOR PROBATIONERS/ PAROLEES WITH SUBSTANCE USE DISORDERS

• SWIFT, CERTAIN, and FAIR (SCF) – approach encouraged by the Ohio Department of Rehabilitation and Correction

• Treatment – criminal justice and treatment personnel work together on treatment planning

• Drug testing
  – First response should be clinical

• Graduated sanctions
  – Treatment should not be a sanction

Skeem & Louden (2006)
EVIDENCE-BASED PRACTICES IN TREATING INDIVIDUALS WITH SUBSTANCE USE DISORDER IN CRIMINAL JUSTICE SETTINGS

- Motivational Interviewing and Motivational Enhancement Therapies
- Cognitive-Behavioral Therapy (CBT)
- Community-based drug treatment combined with intensive community supervision
- Contingency management strategies
- Medication-assisted treatment
Ross County Heroin Partnership Project - pilot

- Creating a Sequential Intercept Map
- Priorities for Change
- Recommendations for Local Action Plan
Sample of Ross County Collaborative Efforts

- Opiate Task Force
- Community Corrections Planning Board
- Drug Abuse Coalition
- ADMHS Board Community Planning
- Re-entry Coalition
- Crisis Intervention Team Training
- Social Service Counsel
### Establishing Priorities for Change

**Priorities for Change**

Ross County, Ohio  
December 7, 2015

<table>
<thead>
<tr>
<th>1</th>
<th>Housing Continuum</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Addressing families and co-dependents: education and awareness</td>
</tr>
<tr>
<td>3</td>
<td>Clear protocol at Adena for releasing clients and referring to treatment after overdose</td>
</tr>
<tr>
<td>4</td>
<td>Specific opiate prescribing guidelines, including protocols for withdrawal of prescriptions, detox, and use of OARRS</td>
</tr>
<tr>
<td>5</td>
<td>Medication Assisted Treatment options in Ross County</td>
</tr>
<tr>
<td>6</td>
<td>Moving Forward</td>
</tr>
</tbody>
</table>