Jail Strategies: Exploring Solutions for the Opiate Problem at each Intercept

County Commissioners Association of Ohio
Opiate Epidemic Symposium: Strategies and Solutions

May 2, 2016
Focus

Unintentional Drug Overdose Deaths of Ohio Residents

*Includes prescription opioids and heroin
Source: Ohio Department of Health, 2014
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

Increased Substance Abuse

Epidemic

Contributing Factors

Availability and Marketing of New Extended Release Rx Opioids

Direct-to-Consumer Marketing of Rx

Self-medicating habits of baby boomers

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
SEQUENTIAL INTERCEPT MODEL
Critical Intervention Points for Change: Heroin Partnership Project

- Intercept 0: Prevention, Treatment and Regulation
  - Treatment
  - Regulatory
  - Prevention

- Intercept 1: Initial Contact and Emergency Services
  - 911
  - Law Enforcement
  - Arrest

- Intercept 2: Initial Hearing and Initial Detention
  - Initial Detention
  - Initial Hearing

- Intercept 3: Jails and Courts
  - Specialty Courts
  - Dispositional Court
  - Jail

- Intercept 4: Re-entry
  - Parole
  - Probation
  - Family - Peers - Work - Treatment - Programming

- Intercept 5: Probation/Community Supervision
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

Pharmacological Treatments

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

Northeast Ohio Medical University
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)
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 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
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

Coalition on Homelessness and Housing in Ohio
## Ohio Reentry Support Services

<table>
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<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>
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<tbody>
<tr>
<td>Reentry Support Groups</td>
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<td>Support Groups &amp; Peer Activities</td>
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<td>Job Search Workshops</td>
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<td>Community Links</td>
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<td>Expungement /Clemency Clinics</td>
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<td>Temporary Transportation Assistance</td>
<td>Drop In Center</td>
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<td>Warm Line</td>
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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

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

Violation

Parole

Violation

Probation
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
Critical Intervention Points for Change: Heroin Partnership Project

**Intercept 1**
Initial Contact and Emergency Services

- 911 1 Center
- Frequent co-response EMS
- LE access to Narcan
- MH mobile response for juvenile calls
- VA Urgent Care 24/7
- Crisis Center - crisis line and pre-hospital screening
- Adena Hospital E.D. and 12 psych beds
- OARRS check as needed

**Intercept 2**
Initial Hearing and Initial Detention

- Ross County Jail
- Initial Hearing
- Prosecutorial Diversion

**Intercept 3**
Jails and Courts

- Common Pleas Drug Court w/ Vistrol, Capacity 40
- Recovery Support Services: Treatment providers on site CBT, 12 step, GED

**Intercept 4**
Re-entry

- Case Management, Warm hand-off to Health Dept. for Vistrol
- T tapistry linkage, women

**Intercept 5**
Probation/Community Supervision

- Day Reporting program - accepts non CI referrals
- APA Chem dep det, assess and link

**Regulatory**

- Sheriff's Office 24/7 Rx drug drop box
- Quarterly Rx take-backs
- Use of OARRS by jail as needed

**Prevention**

- Multi-county resources:
  - 17 Outpatient Providers in Ross
  - Men's residential beds
  - Women's residential & transitional beds
  - VA residential & outpatient

- Numerous school-based prevention programs.
- Big Brothers & Sisters
## Priorities for Change

**Ross County, Ohio**  
**December 7, 2015**

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

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