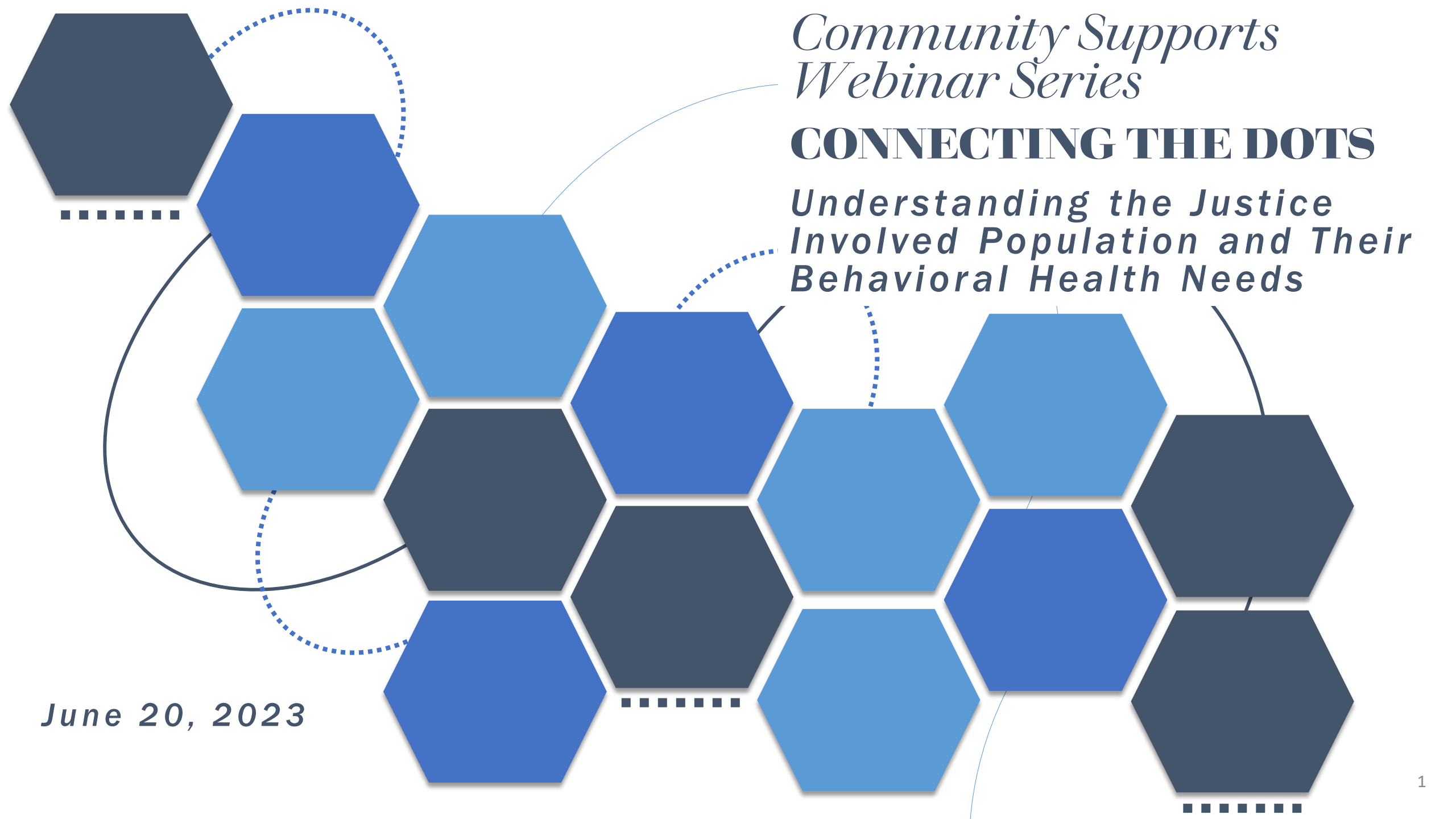


Community Supports Webinar Series

CONNECTING THE DOTS

*Understanding the Justice
Involved Population and Their
Behavioral Health Needs*

June 20, 2023



Welcome and Housekeeping



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If we are unable to address your questions in today's webinar, we will address your questions in an upcoming forum

WELCOME AND INTRODUCTIONS



**Dr. Pooja C. Mittal,
VP, Chief Health Equity Officer**



Today's Presenters



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Health Management Associates



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Health Management Associates

Agenda

1. **Welcome and Introductions**
2. **Learning Objectives**
3. **CalAIM for the Justice-Involved Population Introduction**
4. **Overview of Treatment Needs for Justice-Involved Populations**
5. **Medications for Addictions Treatment**
6. **Group Discussion**
7. **References**
8. **Questions**

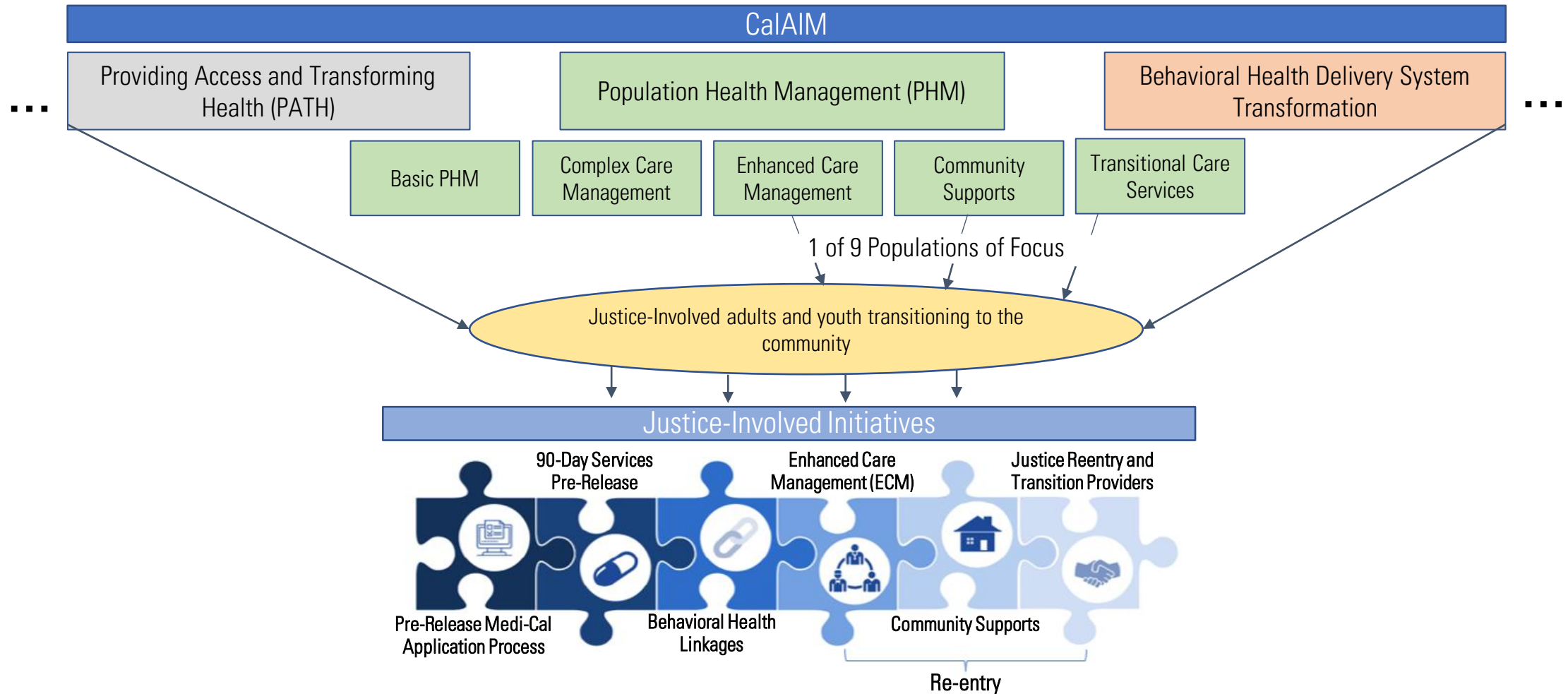


Learning Objectives

1. **Discuss the epidemiology of behavioral health and medical issues in populations in carceral environments**
2. **Describe, at a high level, how Social Determinants of Health can place populations at risk for incarceration**
3. **Name three goals for healthcare providers when working with the justice involved population**
4. **Discuss the importance of access to Medications for Addiction Treatment while incarcerated**
5. **Discuss re-entry needs for this population**



CalAIM Justice Involved Initiatives Overview



Epidemiology of Substance Use Disorder (SUD) for Justice- involved Populations

Substance Use and Co-Occurring Disorder Rates

20 million adults in the U.S., or 8% of the adult population, have a Substance Use Disorder (SUD).

Of those, **3.6 million**, have a co-occurring mental illness.

However, **63% of people in carceral settings** have a Substance Use Disorder.

37% of people in carceral settings have a **co-occurring SUD and mental health disorder**.

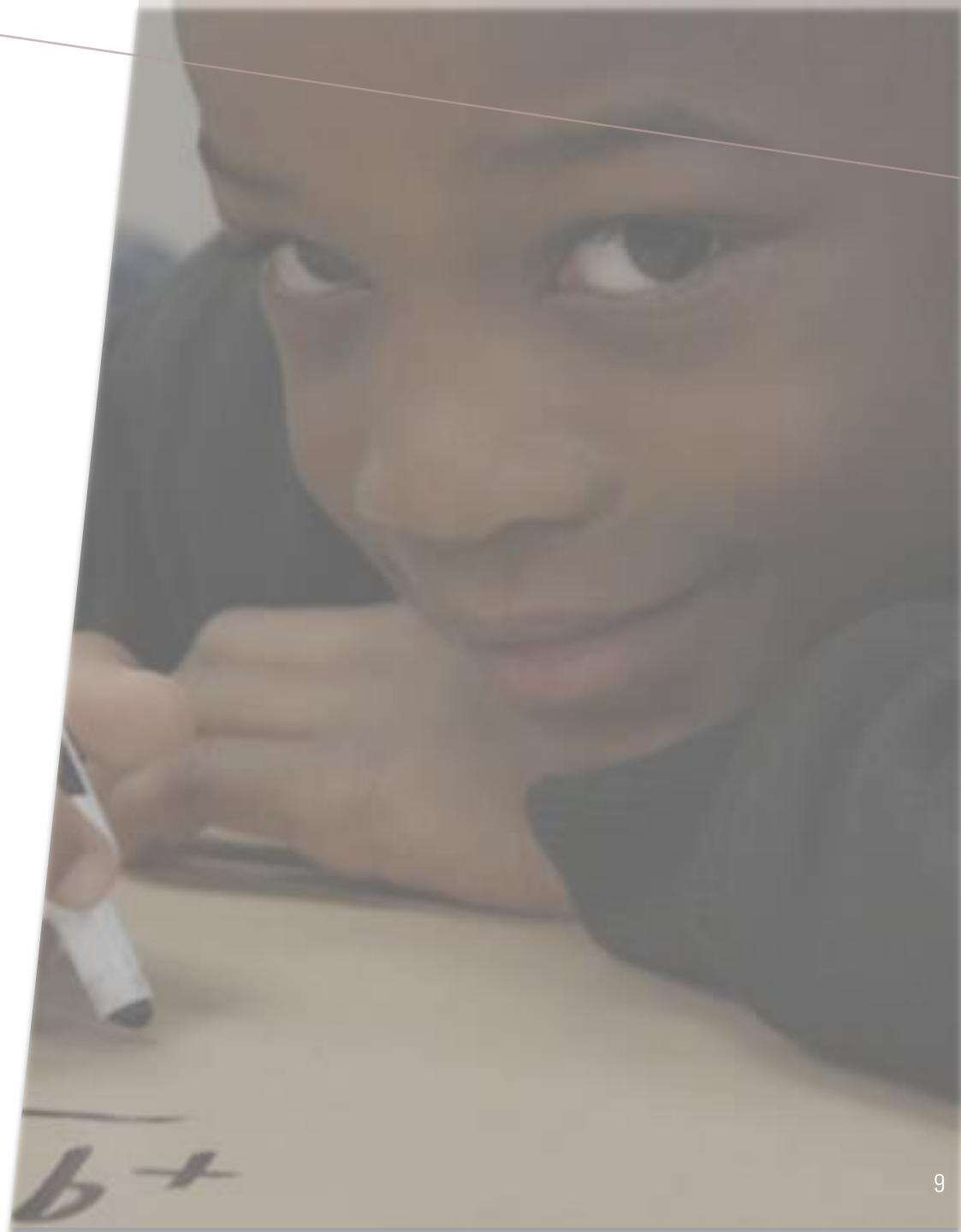
In 2018, **1 in 58 adults** were under some form of community supervision (Probation/Parole).

40% of probationers and **38%** of parolees had an SUD.

Social Inequity

- Rates of substance misuse in both Caucasian and BIPOC populations is similar. However, racial disparities in arrest and incarceration rates exist.
- 30% of the nation's incarcerated population is Hispanic or Latino, although they make up 19% of the U.S. population.
- 39% are Black, although they make up 14% of the population.

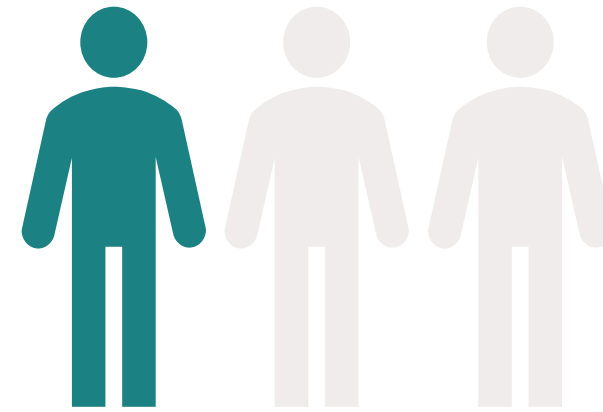
Why is this?



39%

of the country's inmate population is **Black**.

Yet, they make up **less than 14%** of the **U.S. population**.



1 out of 3

Black boys born today can expect to go to prison in his lifetime, as can one of every six Latino boys — compared with one of every 17 white boys.

Social Inequity Context

<i>What influences SUD?</i>		
Poverty	Violence	Poorer schools/lower educational achievement

As a result, higher numbers of BIPOC populations are in jails and are suffering from SUD.

Overdose deaths are
>100x more likely
for justice-involved individuals
2-weeks post-release than the
general population.

Trauma and Risk from Incarceration

People who are now, or have spent time, in jails and prisons are at higher risk for injury and death as a result of trauma, violence, overdose, and suicide than people who have never been incarcerated.

Post-incarceration syndrome is a term used for a discrete subtype of PTSD which emanates from incarceration.

- Additional health risks from PTSD (cardiovascular disease, chronic pain, etc.)
- PTSD raises risk of SUD

Overview of Treatment Needs for Justice-Involved Populations

Health Needs of the Justice-Involved (JI) Population

Individuals who are justice involved have higher rates of physical and behavioral health diagnoses.

Specifically, higher rates of :

- » **High blood pressure/hypertension**
- » **Asthma**
- » **Diabetes**

The mortality rate post-release is **12.7 times higher** for the JI population, driven mainly by opioid related deaths.

There is also a disproportionate number of people incarcerated in jails and prisons with a mental health disorder:

- » **37% of people in prison** have been diagnosed with a mental illness
- » **44% of people in jails** have been diagnosed with a mental illness
- » **27% of people who have been jailed three or more times** in the past year have a moderate to severe mental illness

The cycle of social determinants of health of substance use and co-occurring disorders.

The Goal for Healthcare Providers

This leads to incarceration, which leads to further health and mental health risks.

The goal for health care providers is to:

- Help people into recovery before they get to jail/prison.
- Advocate for intensive treatment when they are in custody
- Work toward a successful re-entry by working to connect people to services.
- Recognize the trauma and resulting effects of incarceration

Goals for Treatment in Jail

Stabilization of psychiatric & substance disorders

Medication for psychiatric & substance disorders are an important aspect of treatment that may have been neglected in the community

Medication for Addiction Treatment (MAT) stabilizes dopamine levels, making it easier to get something out of psychosocial treatment

Cognitive Behavior Therapy (CBT) can work on criminal thinking: attitudes, beliefs and behaviors that maintain drug abuse



Studies show that the use of MAT in the CJ system decreases opioid use and criminal activity post release

Overdose rates are also lower when inmates received MAT

Principles of Substance Use Disorder Treatment for Criminal Justice Populations

Drug addiction is a brain disease that affects behavior.

Recovery from drug addiction requires effective treatment, followed by management of the problem over time.

Treatment must last long enough to produce stable behavioral changes.

Tailoring services to fit the needs of the individual is an important part of effective drug treatment for criminal justice populations.

Drug use during treatment should be carefully monitored.

Re-entry treatment planning for people who misuse substances should include strategies to prevent and treat serious, chronic medical/ psychiatric conditions.

Principles of Behavioral Health Treatment for Criminal Justice Populations

Treatment should target factors that are associated with criminal behavior.

Criminal justice supervision should incorporate treatment planning for behavioral health, and treatment providers should be aware of correctional supervision requirements.

Continuity of care is essential for people living with behavioral health disorders re-entering the community.

A balance of rewards and sanctions encourages pro-social behavior and treatment participation.

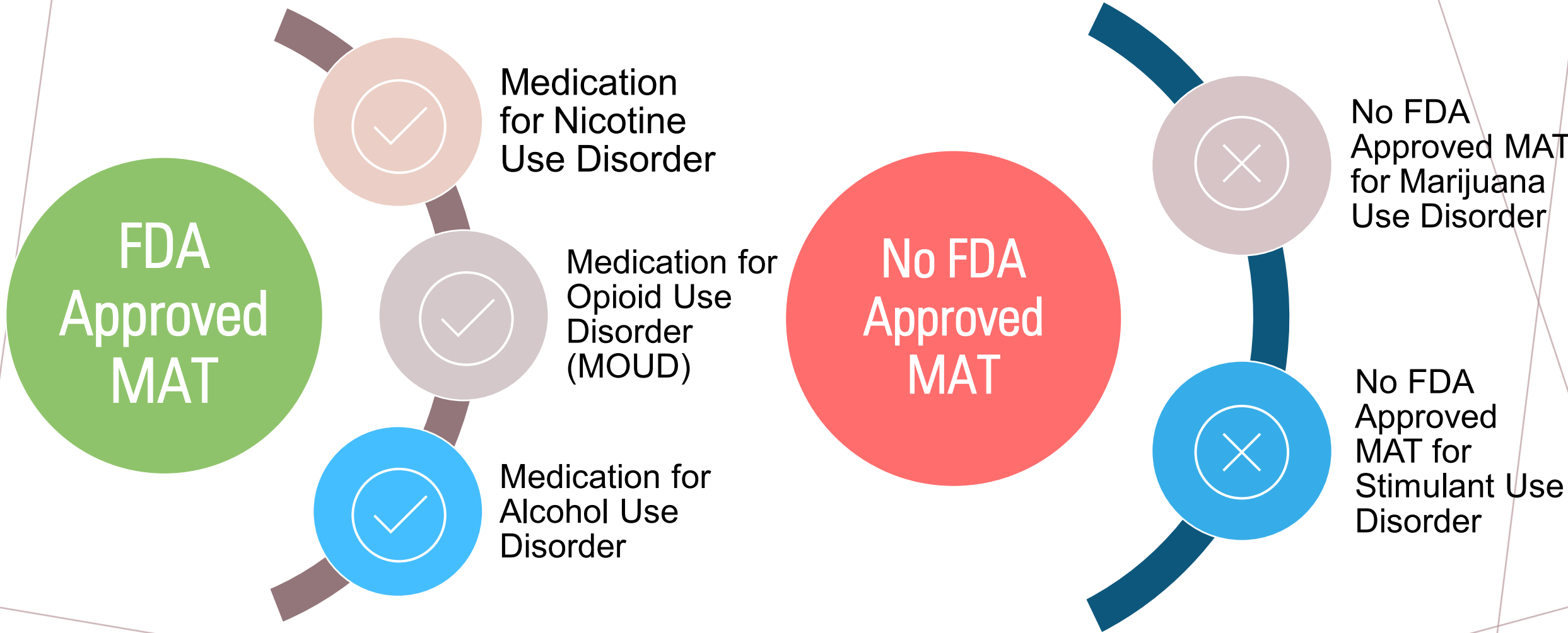
Offenders with co-occurring drug use and mental health problems often require an integrated treatment approach.

Medications are an important part of treatment for many justice involved people with co-occurring disorders.



*Medications for Addiction
Treatment*

FDA Approved Medications for SUD



Medication for Opioid Use Disorder

Treat Withdrawal	Address Dopamine Depletion	Treat OUD	Achieve Results
<p>Symptoms include muscle pain, dilated pupils, nausea, diarrhea, abdominal cramping, piloerection</p> <ul style="list-style-type: none">• Lasts 3-7 days• Using methadone or buprenorphine is recommended over abrupt cessation due to risk of relapse, overdose (OD) & death	<p>Reward/motivation pathway</p> <ul style="list-style-type: none">• Depletion persists for months to years after people stop using• Treated with methadone or buprenorphine	<p>Abstinence based treatment results in 85% return to drug use within 1 year</p> <p>Treated with methadone/ buprenorphine or naltrexone</p>	<p>MOUD</p> <ul style="list-style-type: none">• Increases retention in treatment• Decreases opioid use• Reduces cravings• Reduces overdose• Reduces complications IVDU and other risky behaviors• Reduces criminal behavior

Why is MOUD Important?

METHADONE

full agonist

activates opioid receptors
which eliminates craving for
other opioids

Dose keeps patient
at normal dopamine level.

BUPRENORPHINE

partial agonist

activates opioid receptors
in the brain, but to a much
lesser degree, which
reduces craving for other
opioids

Dose keeps patient at
normal dopamine level.

NALTREXONE

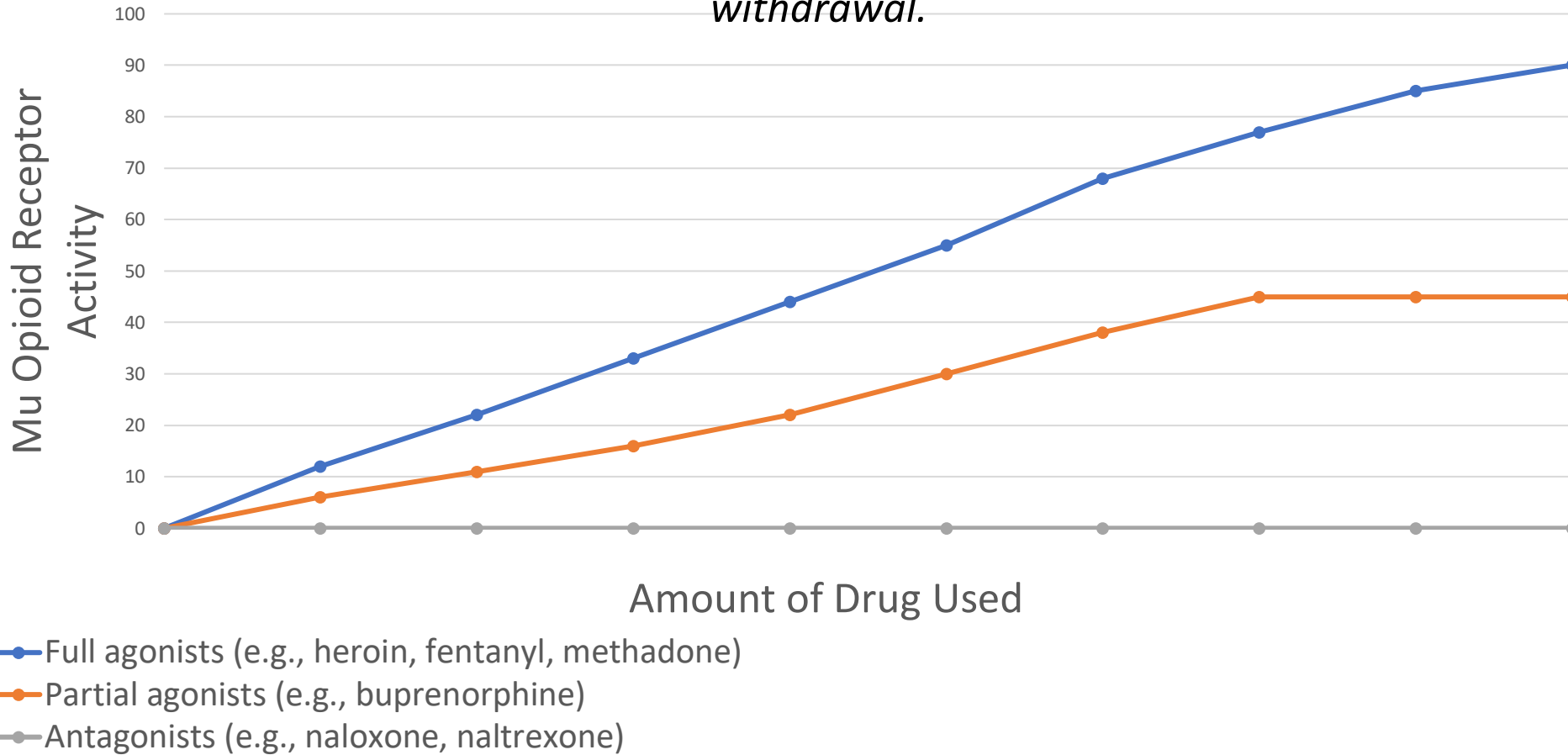
antagonist

blocks opioid receptor
without activating it which
eliminates opioid effect if
opioids are taken

Medication blocks effect of
any opioid.

Full, Partial, or No Effect

Buprenorphine, Naloxone, and Naltrexone can all cause precipitated withdrawal.



How long do you treat OUD?

Evidence is clear that long-term or indefinite treatment with medications for OUDs is often required for effective and sustained outcomes

In practice, successful tapers from methadone or buprenorphine typically occur in only about 15 percent of cases

According to the U.S. Surgeon General, successful tapers typically occur, if at all, when individuals have been treated with MAT for at least 3 years

MAT During Pregnancy

- Detoxification during pregnancy results in higher risk of relapse (59-90%), overdose, death
- Methadone and Buprenorphine are the standard of care
 - Safe for use during pregnancy
 - MAT tapering during pregnancy or immediate post-partum period is contraindicated
 - Doses likely need to be adjusted upward during pregnancy

- MAT is not Pain Management; it is treatment for opioid use disorder
 - Pain management in the peripartum period for women with OUD or on MAT should be coordinated with the medical team; pain still occurs in people on MAT and requires treatment

MAT	OD Deaths	Retention in Treatment	Pregnancy Outcomes	NAS
Detox/ Withdrawal	Red	Red	Red	Red
Methadone	Green	Green	Green	Yellow
Buprenorphine (Mono)	Grey	Grey	Green	Yellow
Buprenorphine /Naloxone	Green	Green	Green	Yellow
Naltrexone	Yellow	Yellow	Yellow	Green

Poll

Do you know anyone who has received Medication for OUD?

- Yes
- No

If you answered yes in the previous poll, from your perspective, is/was this treatment helpful for them?

- Yes
- No
- N/A (I do not know anyone who has received MOUD)



Replacing One Addiction with Another? NO

Substance Use Disorder Diagnosis

- Taken in larger amounts or over a longer period than was intended
- Persistent desire or unsuccessful efforts to cut down or control use
- A great deal of time is spent in activities necessary to obtain, use, or recover from its effects
- Recurrent use resulting in a failure to fulfill major role obligations at work, school, or home
- Continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance
- Important social, occupational, or recreational activities are given up or reduced because of use
- Recurrent use in situations in which it is physically hazardous
- Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
- Tolerance
- Craving
- Withdrawal

Post- Incarceration Risks for SUD

- 77% deaths within 2 weeks of release are due to overdose
- Forcible withdrawal or transition for persons on agonist treatment is not advised
 - Fifty percent (50%) of those forcibly withdrawn DO NOT return to treatment
 - Jails that forcibly withdraw people from agonist treatment are being sued and losing (ADA violation)
- Initiation while incarcerated better than referral to treatment
- Continuation of treatment while incarcerated, along with initiation of treatment while incarcerated, can decrease death by 60-80% post release

Mental Illness

- Pre-existing mental health issues
- New mental health issues
- Incarceration can also cause lasting damage to mental health, due to:
 - Family disconnection
 - Separation from children
 - Loss of autonomy
 - Unpredictability of carceral settings
 - Overcrowding



Stock photo, posed by a model



GROUP DISCUSSION

WE WILL NOW DISCUSS A FEW SCENARIOS.
PLEASE PROVIDE ANSWERS IN CHAT.

Scenario 1

Juan is 61 years old and has been incarcerated in the county jail for 6 months. He was charged and convicted of possession of drug paraphernalia. Prior to his arrest, he was unsheltered and living in shelters or homeless encampments. He was enrolled in Medi-Cal but was not using benefits. He was being treated by mental health clinicians while in jail.

1. What additional information would you like to know about Juan?
2. Based on this information, what would be your priorities for service linkage?
3. Who do you currently refer to for pre-release or post-release services? (please list provider and county name)

Scenario 2

Ming is 25 years old and was arrested for Child Endangerment after leaving her three children, all under six-years-old, alone at home while she went out with friends in the evening. While she was in jail, her children were cared for by their grandmother. You worked with Ming prior to her incarceration, but you notice she is much more reserved and distracted once she is released.

1. What might be the reason for this change?
2. What are some services that you would consider for Ming?
3. Name a provider in your county that you would consider referring Ming to (please name provider and county).

Scenario 3

Omar, 47 years old, spent 2 years in prison for felony grand theft. You know that Omar has an Opioid Use Disorder, which started at the age of 20, and regularly engaged in criminal behavior in order to support his substance use.

1. What information would you want to know about Omar in order to provide appropriate services linkages for him?
2. Who would you refer Omar to (please name provider and county)

THANK YOU!!!! Before You Go...

Please Complete the Evaluation of Today's Session

**Complete the pop-up questions on
your screen!**

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