

# Criminal Justice and Behavioral Health

## Partners Addressing the Opioid Crisis

### MTM Services

**Annie Jensen, MSW, LCSW, Senior DLA-20/Process Change Consultant**

**Valerie Westhead, MD, Senior Medical Consultant**

**David R. Swann, MA, LCAS, CCS, LPC, NCC, Senior Healthcare Integration Consultant**



# Partnership Between the Treatment System and Criminal Justice System

## Focus on Opioid Use, Misuse and Addiction



# The Community In Crisis

- About 11.5 million Americans age 12 and older misused prescription pain medicine in 2016, according to SAMHSA. About 948,000 or 0.3% of the US population age 12 and up used heroin in 2016.
- Two million people are addicted to prescription pain relievers in the US and another 591,000 have a substance use disorder involving heroin.
- Estimates show that 23% of individuals who use heroin develop opioid addiction.
- Drug overdose is the leading cause of accidental death in the US, with 52,404 lethal drug overdoses in 2015. Opioid addiction is driving this epidemic, with 20,101 overdose deaths related to prescription pain relievers, and 12,990 overdose deaths related to heroin in 2015.
- The cost heroin is at an all time low. A gram of heroin can cost as little as \$100.



## Collaborative Models Show Promise

### Community Collaboration Models

- Coalitions, collaborations and consortiums
- Organizes and creates a systems approach rather than one that focuses only on one part of the solution.
- Criminal Justice System must be a strong partner for success.
- These models mitigate the fragmentation and polarization that then leads to ineffective actions.



## Collaborative Models Show Promise

Collective Impact Model\* is Being Used With Success in Many Areas  
Five Essential Premises

1. Common Agenda
2. Shared Measurement
3. Mutually Reinforcing Activities
4. Continuous Communication
5. Backbone Support

\*Five Premises of the Collective Impact Model are available at:  
<http://www.collaborationforimpact.com/collective-impact/>

## Collaborative Models Show Promise

Collective Impact Model Partnerships Involve Commitments

**1. Common Agenda**-Create a share vision for change. Begin with a common understanding of the problem and seek an agreed-to approach to solving the problem.

- A. Create a targeted strategic plan with reasonable goals, actions and timeframes
- B. Assign responsibilities among the partners
- C. Hold partners accountable for follow-thru and results

Examples with CJ system: Identify the gaps existing between the CJ system and Treatment System; goal to prevent and reduce overdoses of narcotic pain prescribed and illicit drugs.



## Collaborative Models Show Promise

### Collective Impact Model Partnerships Involve Commitments

- 2. Shared Measurement**-all partners agree on the shared measures and ways success will be measured and reported, using common indicators that are identified and used for learning and improvement.

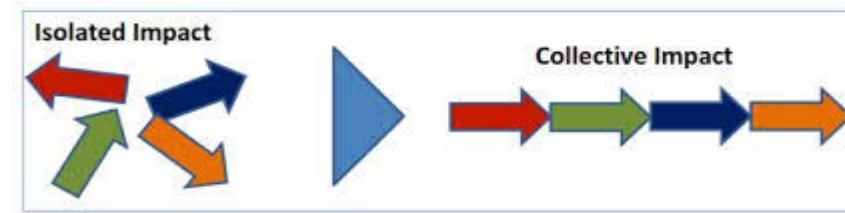
Examples with CJ system: measuring best practice treatment adherence, overdoses before and after treatment, use of measurement-based care tools, criminal re-offenses.



## Collaborative Models Show Promise

### Collective Impact Model Partnerships Involve Commitments

**3. Mutually Reinforcing Activities**-Mutually reinforcing activities ensures that the significant efforts and activities of collaborators are aligned towards achieving the common agenda and shared measures. Addressing one problem will lead to other problems needing solutions.



Scenario modeling example with CJ system: female adult with Opioid addiction, recently convicted of a crime, social services has temporarily removed 2 dependent children and placed in temporary custody. Solution is to provide coordinated solutions addressing concurrent problems.



## Collaborative Models Show Promise

### Collective Impact Model Partnerships Involve Commitments

- 4. Continuous Communication**-all partners engage in frequent, structured and open communication to build trust, validate and refine mutual objectives and create common motivation.

Examples with CJ system: Historical differences in approach, stigma, and language used may not have led to committed partners. Disciplined communication helps avoid this challenge.

## Collaborative Models Show Promise

Collective Impact Model Partnerships Involve Commitments

- 5. Backbone Support-** having independent, funded and dedicated staff to the Opioid initiative guides the vision, strategy and activities; aligning with all partners. Backbone organizations may be already in existence and are not always new.

Examples with CJ system: Examples are a Foundation or Non-Profit. This entity acts as the Coordinator In Chief of the various dimensions and the many partners involved in the initiative. Using consensus and accountability without aligning with individual partners.



## Sequential Intercepts for Developing Partnerships

The GAINS Center has identified and promotes the sequential intercept model as a conceptual framework for communities. It provides a series of points for “intercepting” an individual to prevent further penetration into the justice system.

- Intercept One: Law Enforcement
- Intercept Two: Initial Detention/Initial Court Hearings
- Intercept Three: Jails/Courts
- Intercept Four: Reentry
- Intercept Five: Community Corrections

Sources for sequential intercept model

- Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57 (4), 544-549.

-<http://gainscenter.samhsa.gov>



## Sequential Intercepts for Developing Partnerships

- Intercept One: Law Enforcement/ 911 and Local Law Enforcement
  - Examples
    - Train Dispatchers
    - Train Officers
    - Crisis Intervention Training
    - Drop off Crisis Triage Centers
    - Mobile Response Teams
    - Withdrawal Management Center

- Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57 (4), 544-549.  
-<http://gainscenter.samhsa.gov>



## Sequential Intercepts for Developing Partnerships

- Intercept Two: Initial Detention/Initial Court Hearings
  - Examples
    - Screening
    - Pre-Trial Diversion
    - Shared Data/ Management System
    - Service Linkage to comprehensive services (benefits, EBP, health care, housing, medication, recovery support, case management)

- Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57 (4), 544-549.

-<http://gainscenter.samhsa.gov>



## Sequential Intercepts for Developing Partnerships

- Intercept Three: Jails/Courts

- Examples

- Specialty Courts (Drug, Mental Health, Veterans, Domestic Violence)
- Jail Based Services
- Court Coordination and Feedback
- Multi system approach
- Service Linkage (benefits, EBP, health care, housing, medication, recovery support, case management)

-Munetz, M.R.& Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57 (4), 544-549.  
-<http://gainscenter.samhsa.gov>



## Sequential Intercepts for Developing Partnerships

- Intercept Four: Reentry
  - Examples
    - APIC Model proposed by Osher and colleagues
      - **Assess** clinical, social, and public safety needs
      - **Plan** for treatment and services that address needs
      - **Identify** required community and correctional services for post-release
      - **Coordinate** transition plans to avoid gaps

-Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57 (4), 544-549.

-<http://gainscenter.samhsa.gov>



## Sequential Intercepts for Developing Partnerships

- Intercept Five: Community Corrections
  - Examples
    - Probation or Parole
    - Maintain a Community of Care (housing, employment services, medication services, EBP's for behavioral health, supportive health services)
    - Implement a supervision strategy
    - Graduated Responses

-Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57 (4), 544-549.

-<http://gainscenter.samhsa.gov>



## Creating and Sustaining a Partnership with the CJ System

- Encourage and support collaboration through relationship building, cross training, information sharing, and joint projects.
- Monitor and Evaluate Services through Measurement Based Care
  - DLA-20 project
- Establish a Common Language between systems
- Coordinate at every level promoting continuous communication



## Creating a Synergistic Partnership with the CJ System

- Find common ground and areas of mutual interest
  - Episodic Treatment Systems
  - Goal is to implement Value Based Care
  - Transition between level of care is critical
- Establish committees with clear objectives and shared vision
  - Mental Health and Substance Abuse Task Force
  - Reentry Committee
  - Problem Solving Courts
  - Become boundary spanners
- Consultation
- Service Provider



## Find a Common Language ... Create Value Based Care

- Monitoring impact of services and system of care
  - DLA 20
  - BAM - Brief Addiction Monitor
    - Pattern of Use
    - Risk Factors
    - Protective Factors
  - ORAS – Criminal Justice Monitoring Tool

## Medication Management of Opioid Addiction - A Path to Integration

- Addictions are a chronic medical condition that requires a Bio-psycho-social approach to care.
- Treatment needs to be comprehensive and not fragmented
- Medication Management NOT Medication Assisted Treatment



# Medication Options

- Rescue Treatment – Narcan
  - Availability when needed most – release from custody
  - Use of Narcan SHOULD trigger referral to care
  - Do we have the capacity needed to address the crisis?
- Agonist Treatment – stabilizing an unstable Brain
  - Buprenorphine - OBOT Model
  - Methadone – Federally Regulated Clinics
- Antagonist Treatment – Naltrexone
  - Oral or LTI
  - Requires safe detoxification



# One Model Towards Comprehensive and Integrated Care

- Community based service array
  - IOP
  - Residential Programming
  - Medication Management System
- Jail based services
  - Group therapy
  - Faith based programming
  - Medication Management System
- Single Point of Access – Treatment Team
  - Referral process between two systems of care

## Missing Elements

- Brain Stabilization
  - CJ System issues with Agonist Therapy
  - Drug Court Changes
  - Special Population – Pregnancy
- Narcan Distribution – missing a critical transition need
- Inadequate capacity

## Final Thoughts

- ✓ Get Started Now
- ✓ Create an internal task force
- ✓ Identify and meet with Community Partners
- ✓ Set Actionable Timelines you intend to keep
- ✓ Look for funding sources specifically created to address this crisis



Crisis creates the opportunity  
for transformative change  
in your system of care



# Questions?

