



# *Criminal Justice / Addiction Policy:* Considerations from State Substance Abuse Agencies

Robert Morrison, Executive Director, National Assoc. of State Alcohol/Drug Abuse Directors

Gary Tennis, Secretary, Department of Alcohol and Drug Programs, Pennsylvania

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EXECUTIVE DIRECTORS CJ ROUNDTABLE

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# Topics to Cover

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- Background on NASADAD
- Role of State substance abuse agencies
- Emerging themes/impact of opioid crisis
- Examples of State initiatives
- Considerations

# Role of State Substance Abuse Agencies

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- Placement in State gov't – varies by State
- Develop Annual Statewide plans for services for safety net populations
- Ensure service quality; accountability; service improvement; service coordination

# How can State Substance Abuse Agencies Help CJ Entities?

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- Link to the treatment provider / recovery community
- Assist with navigating prevention/treatment system
- Knowledge of clinically appropriate care – assist with trainings
- NASADAD members partner w/DOC's, SAA's, Drug Courts, Reentry Programs, Counties, etc.

# How can State Substance Abuse Agencies Help CJ Entities?

## Ensuring Clinical Integrity

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- Importance of ensuring clinical integrity: the individualized nature of treatment and recovery requires
  - Individualized screening,
  - assessment,
  - referral to appropriate level of care which includes appropriate length of stay
- State substance abuse agencies can lead and help ensure clinical integrity

# CJ Referrals to Treatment

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- **On average, 40 percent** of people in publicly funded treatment programs are **referred** by the **criminal justice system** – but percentages vary depending on the State
- In 10 States, between 51 percent and 60 percent of referrals come from CJ system
- In 3 States, between 61 percent and 70 percent of referrals come from CJ system

# Trends

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- **Law enforcement & opioid issues**
- **Medication Assisted Treatment (MAT)**
- **Drug/Family/Veterans Courts**

# Gloucester, MA Police Dept. Angel Program

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- Policy Chief Campanello leads effort to respond to overdose
- If people struggling with addiction go to P.D.
  - Anyone who enters seeking help — unless they had outstanding warrants — will not face charges or arrest
- Officer takes them to local hospital\* and they are paired with a volunteer to navigate system
  - Agreements with local treatment centers
  - Effort to address waiting time for service

\*This is may or may not be the optimal place for a hand-off. Work with your SSA to consider other places to take people presenting.



# Gloucester, MA Police Dept. Angel Program

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- Campanello learned of high cost of naloxone at local pharmacy; told pharmacy about the police department's new program, and it lowered the cost to \$20 per pack
  - Police department is now able to provide naloxone kits to individuals with SUDs for free
- Over 100 individuals have sought help at the police station

# Police Assisted Addiction and Recovery Initiative (PAARI)

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- Gloucester initiative leads to creation of PAARI
- 501 C 3 designed to help other departments initiative similar programs
- Cooperstown, New York latest to launch similar program in November 2015 working with PAARI
- <http://paariususa.org/>

# Law Enforcement/Naloxone

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## States With Law Enforcement Units Carrying Naloxone:

CA, CO, CT, DE, GA, FL, IL, IN, KY, ME, MD, MA, MI, MN, N.H.,  
N.J., N.M., NY, N.C., OK, OH, OR, PA, R.I., TN, VT, VA, WA,  
WV, WI (N.C. HRC, 2015)

## Programs vary in scope, size

**Issues to consider:** Training, storage, funds for naloxone,  
*linkage overdose victim to further services*

# Law Enforcement/Naloxone: Resources

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DOJ Law Enforcement Naloxone Toolkit

<https://www.bjatrainning.org/tools/naloxone/Naloxone%2BBackground>

SAMHSA Overdose Tool Kit:

[http://store.samhsa.gov/shin/content/SMA14-4742/Overdose Toolkit.pdf](http://store.samhsa.gov/shin/content/SMA14-4742/Overdose_Toolkit.pdf)

# “Warm Hand-Off” to Services

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## **Rhode Island’s Anchor Ed Program – July 2014**

Certified recovery coaches on call in emergency hospital rooms from 8pm Friday nights to 8am Monday morning

Kent Hospital was first to participate – expanded to others

**Goal:** Promote a connection to some level of services after the overdose

# “Warm Hand-Off” to Services

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## Data from Anchor Ed Program

Seven months into the program, 112 survivors of overdose were seen in hospital emergency rooms

- 88 percent engage in recovery support
- 38 percent had at least 1 prior overdose
- Approximately half revived by naloxone

# Drug Courts

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- Drug courts identified by NASADAD members as a top priority within DOJ Portfolio
- Members encourage connection between local Drug Courts and State substance abuse agency
- State substance abuse agency helps with:
  - Planning
  - Data sharing
  - Capacity
  - Standards of care

# Ohio's Specialized Dockets Payroll Subsidized Payroll Project

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- Enhanced support for Drug Courts, Family Courts, Veterans Courts by ODMHAS (Tracy Plouck, Director)
- \$4.4 million in SFY 2015
- **Family Dependency Courts:** Specialized dockets focused on addicted parents charged with abuse/neglect/dependency of minor children
  - Reduce kids removed from home
  - Increase kids staying at home with parents under CPS supervision
  - Substance use disorder services for family



# New York's Initiative

(State Agency: Arlene Gonzalez Sanchez, OASAS)

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- 146 Drug courts in operation as of 2014
  - 90 criminal court
  - 35 family court
  - 15 juveniles
  - Rest - local
- 85,000 participants
- Senate Task Force on Heroin and Opioid Abuse held listening sessions around the State

# New York's Initiative

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- S4239B/A6255B signed into law by Governor Cuomo in October 2015
- Prohibits courts to require defendants to stop taking medications for the treatment of substance use disorders
  - Methadone
  - Buprenorphine
  - Long acting depot naltrexone
- Similar legislation signed by Gov. Christie in N.J.

# Missouri, CJ and MAT

State Substance Abuse Agency Dir: Mark Stringer

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In 2008, the Missouri Division of Behavioral Health (DBH; SSA) worked with the Department of Corrections (DOC) to provide funding to support the purchase of medications for clients in the criminal justice system who were seeking treatment

DBH collaborated with DOC to implement a pilot project involving medication-assisted treatment (MAT) for the re-entry population

- SSA has worked closely with the Office of State Courts Administrators (OSCA) and with individual judges
- A St. Louis drug court judge who was an early adopter of MAT was concerned that offenders were relapsing or overdosing before they could come before his drug court
- He worked with the DBH to pioneer the use of injectable naltrexone in the St. Louis jail
  - Depot naltrexone blocks opiate receptors in the brain, eliminating the euphoric effects and preventing cravings
  - Administered in the form of a shot once per month

# Missouri, CJ and MAT

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Upon release, volunteers received medication and substance abuse counseling through DMH contracted community agencies in St. Louis

- These individuals are less likely to relapse, reducing the likelihood of re-arrest and re-incarceration

Drug courts include medications as a reimbursable service, and all drug courts are encouraged to use MAT

DBH reviewed the Request for Proposal (RFP) that is distributed to drug court contracts and suggested language on MAT that that was accepted

Providers are asked to indicate whether MAT is provided; if it is not provided, they are asked how and with whom MAT services are arranged and how all services are coordinated

# Considerations

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## **Top Federal Policy Priorities**

### *SAMHSA Programs*

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Center for Substance Abuse Prevention (CSAP)

Center for Substance Abuse Treatment (CSAT)

### *Department of Justice (DOJ) Programs*

Drug Courts, RSAT, MIOTCRA, Byrne/JAG

*Continued impact of health reform*

# Considerations

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## **Concerns/Lost Opportunities**

**Dwindling federal funds for in-prison substance abuse services – reductions to DOJ’s Residential Substance Abuse Treatment Program**

**Elimination (close to) of the Enforcing Underage Drinking Laws (EUDL) Program**

- Previously allotted \$360,000 to each state for enforcement
- Cuts by Congress allow now for only a resource center
- Previously -- helped establish/strengthen partnerships between law enforcement and public health

# Considerations

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**Promote criminal justice initiatives that involve coordination with the State substance abuse agency**

**Example in CARA S. 524/H.R. 953 – Section 501**

- Authorizes jointly administered grant to State administrative agency and State substance abuse agency
- Grant funds used to facilitate of enhance collaboration around addiction/criminal justice planning. Service delivery, data strategies, reentry approaches

# Considerations

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**Promote opioid initiatives that encourage linkages to service side**

**Example in CARA S. 524/H.R. 953 – Section 202**

- Law enforcement Naloxone Training/Implementation
- Requires application to describe collaboration between State substance abuse agency and enforcement agency
  - Includes identification of protocols that help service linkage
  - May be information sharing on treatment/recovery



# Considerations

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**Promote use of precise language in legislation, statute, regulations and grant applications**

- Substance use disorders – reflect notion of the unique distinct brain disease
- Programmatic, clinical & research implications

Inadequate terms: “behavioral health” or “mental health” or “mental illness” as catch-all terms

# Considerations

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Final thoughts from Gary Tennis

Project LEAD

Other thoughts

# Thank you

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Robert Morrison

NASADAD

- 202 293 0090
- [rmorrison@nasadad.org](mailto:rmorrison@nasadad.org)
- <http://www.nasadad.org>