Introduction to the Criminal Justice System and MAT

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Debra A. Pinals Disclosures

• Dr. Pinals has no financial relationships to disclose.

The contents of this activity may include discussion of off label or investigative drug uses. The faculty is aware that it is their responsibility to disclose this information.
Target Audience

• The overarching goal of PCSS is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.
Educational Objectives

At the conclusion of this activity participants should be able to:

- Describe police lock up, jails, prisons, court systems, probation, and parole
- Discuss pathways for persons with opioid use disorders who encounter the criminal justice system and importance of MAT across systems of care
- Describe opportunities for the MAT provider working with justice-involved individuals to enhance treatment outcomes
Outline

- Epidemiology related to arrests and incarceration and substance use disorders
- Places and stages of the criminal justice process
- Role of trauma and justice involved individuals
- Role of co-occurring conditions and important linkages
- Risk-need-responsivity model and treatment planning
- Sequential intercept framework and examples of interventions
- Rights of access to MAT and other forms of care for justice involved individuals
Case Vignette: Mr. A

- 28 year old male with history of SUD:
  - Alcohol since age 12
  - Opioid use starting age 19, MAT with methadone with one year of adherence
- Medical History: Hepatitis C
- Criminal History: Recently arrested on a charge related to robbery and assault
  - Broke into a neighbor’s home to take jewelry to sell to support opioid use
- Social History:
  - 11th Grade education, no GED
  - Periods of homelessness, in and out of jail and prison for 7 years
  - Foster care placement as a child and different schools due to behavior
Case Vignette: Mr. A

- Held in jail awaiting trial for his arrest
- Withdrawal management included “comfort measures”
- Lawyer indicates potential for involvement in drug court as an alternative to incarceration
Questions

• Mr. A is now in jail. What happens in a jail for Mr. A?

• What are some differences between jail and prison?

• What is a drug court?
Case Vignette: Ms. B

- 30 year old female
- History of SUD:
  - 7.5 years of lifetime heroin use
  - 12 years of alcohol use
  - Episodic cocaine use
  - Periods of daily cannabis use since age 15
  - Has received inpatient and residential supports for SUD, but no MAT
- Medical History
  - HIV
- Criminal History
  - In prison for possession and distribution of controlled substances
  - Parole hearing next month, eligible for release in 3 months
  - 3.5 lifetime years of incarceration
- Social History
  - 3 children in custody of Ms. B’s mother
  - Sexual trauma history age 18
- Psychiatric History
  - Multiple psychiatric hospitalizations for PTSD, depression, suicide attempts
Questions

• What does prison re-entry entail?

• What does the data tell us about risks associated with prison reentry?

• What is a common framework that helps correctional systems stratify individuals by risk of criminal recidivism?
ELEMENTS OF THE CRIMINAL JUSTICE SYSTEM
Correctional Population as of 2015

Total: 6,741,400

- Prisons: 1,526,800
- Jails: 728,200
- Parole: 870,500
- Probation: 3,789,800

Lock Ups

- Location where individual is taken upon arrest
- Duration generally up to 72 hours
- Management by local municipality
- Treatment programming not typical
Jails

- Houses various populations
  - Awaiting trial
  - Sentenced
  - Other populations
- Duration of incarceration generally up to 1 year
- Management by County Sheriff
- Programming available but variable
- Transient populations
- Treatment and MAT complex
- Traditionally no MAT, trends are shifting
Prisons

- Settings of incarceration for sentenced individuals
- Duration of incarceration up to life sentence
- Management by state agencies, often with private medical and mental health contracted providers
- Programming available but variable
- Treatment and MAT complex
- Traditionally no MAT, trends may be shifting
Re-Entry

- Transition from jail or prison back to community settings
- Planning for re-entry can have challenges
  - Release dates can shift with good conduct
  - Prison may be far from local community
  - Criminal case may result in an unexpected release by courts
  - Importance of coordination, though this is hard
Community Supervision

Probation
• Can be pre-trial or post-trial
• Ordered at time of trial/sentencing by a judge
• Probation officers monitor adherence to terms such as:
  ▪ Comply with treatment
  ▪ Refrain from contact with certain person
  ▪ Sign releases of information for probation and treatment provider to speak

Parole
• Release with conditions after serving a sentence
• Determined by a Board
• Community based parole officers monitor adherence to terms
## Increased Prevalence of Substance Use Disorders in the Criminal Justice Population

### June 2017 Report: Bureau of Justice Statistics Data 2007-2009

<table>
<thead>
<tr>
<th>% meeting DSM-IV Criteria for Drug Dependence or Abuse</th>
<th>State Prisoners</th>
<th>Sentenced Jail Inmates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>58%</td>
<td>63%</td>
</tr>
<tr>
<td>Regularly Used Heroin/Opiates</td>
<td>16.6%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Used Any Drugs at the Time of the Offense</td>
<td>42% (6.8)</td>
<td>37.2% (7.9)</td>
</tr>
</tbody>
</table>

Other Features of Justice-Involved Adults

- High rates of mental health disorders
- High rates of co-occurring substance use and mental health disorders
- High rates of co-occurring medical conditions*
  - Infectious diseases
    - HIV, sexually transmitted diseases, and Hepatitis A, B, C
  - Chronic medical conditions
- High rates of trauma of all kinds

Adverse Childhood Experiences

- Increased justice involvement
- Increased non-medical opioid prescription use
- Increased illicit drug use

Criminal Justice Risk Factors

- Stratifying and classifying individuals at risk for criminal justice involvement is a major part of criminal justice management
Risk-Need-Responsivity (RNR)

- **RISK**: Stratify risk and focus resources on high risk cases

- **NEEDS**: with risks come “criminogenic needs” or dynamic factors to address such as antisocial behavior, substance use, antisocial attitudes, and criminogenic peers

- **RESPONSIVITY**: Implies that individuals responsiveness to intervention may vary, and the intervention should be tailored to personal aspects of the individual such as learning style, culture, mental illnesses

The Central 8 Criminogenic Risk Factors:

<table>
<thead>
<tr>
<th>Criminogenic Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of antisocial behavior</td>
</tr>
<tr>
<td>Antisocial personality pattern</td>
</tr>
<tr>
<td>Antisocial cognition</td>
</tr>
<tr>
<td>Antisocial attitudes</td>
</tr>
<tr>
<td>Family and/or marital discord</td>
</tr>
<tr>
<td>Poor school and/or work performance</td>
</tr>
<tr>
<td>Few leisure or recreation activities</td>
</tr>
<tr>
<td>Substance abuse</td>
</tr>
</tbody>
</table>

Identifying Strategies to Work with Target Population of Persons by Criminogenic Need and Functional Impairment

- **Low Criminogenic Risk**: Treatment and supervision coordinated as needed
- **High Criminogenic Risk**: Intensive supervision in collaboration with treatment
- **Low Functional Impairment**: Intensive treatment in collaboration with supervision
- **High Functional Impairment**: Integrated supervision and treatment services

Prins and Osher, Council of State Governments Justice Center, 2009
<table>
<thead>
<tr>
<th>Criminogenic Risks</th>
<th>Needs</th>
<th>Potential Approaches/Enhance Responsivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisocial Behaviors</td>
<td>Reduce antisocial acts</td>
<td>Weekly and/or bi-weekly individual therapy at City Clinic.: 1 month and maintain on-going services</td>
</tr>
<tr>
<td>Antisocial Personality Patterns</td>
<td>Decrease impulsivity, irritability, irresponsibility, help coping, problem-solving</td>
<td>Engage in weekly and/or bi-weekly individual therapy at City Clinic, and he will engage in weekly cognitive behavioral treatment and Peer Support groups with the program: Goal 3 Months and continuing to maintain services.</td>
</tr>
<tr>
<td>Antisocial Cognitions</td>
<td>Decrease antisocial cognitions, risk thinking</td>
<td>Work through workbook weekly, peer specialist to focus on cognitive exercises related to criminogenic thinking. Attend weekly groups: 3 Months and on-going.</td>
</tr>
<tr>
<td>Antisocial Peers</td>
<td>Decrease association with other criminals, enhance prosocial contacts</td>
<td>Engage in 3 positive social activities in 1 month. His peer support will introduce him and accompany him to pro-social activities, such as community sober gatherings.</td>
</tr>
</tbody>
</table>
Sequential Intercept Model

- People move through the criminal justice system in predictable ways
- Key points, or intercepts, ensure:
  - Improved access to treatment
  - Opportunities for jail diversion where individuals are redirected away from criminal justice involvement and into treatment
  - Timely movement through the criminal justice system
  - Engagement with community resources
Potential Intercepts in the Criminal Justice Process where Mental Health and Substance Use needs can be Identified: 
A Broad Overview

Intercept 0: Prevention

- Crisis warm lines
- Peer support in emergency rooms
- Crisis drop off centers
- Sobering centers
- Sterile syringe programs
- Good Samaritan laws
Intercepts 0 and 1

- LEAD programs
- “Angel” programs

How does it work?

If an addict comes into the Gloucester Police Department and asks for help, an officer will take them to the Addison Gilbert Hospital, where they will be paired with a volunteer “ANGEL” who will help guide them through the process. We have partnered with more than a dozen additional treatment centers to ensure that our patients receive the care and treatment they deserve — not in days or weeks, but immediately.

If you have drugs or drug paraphernalia on you, we will dispose of it for you. You will not be arrested. You will not be charged with a crime. You will not be jailed.

All you have to do is come to the police station and ask for help. We are here to do just that.

197 Main St.
Gloucester, MA 01930

Resources
- Gloucester ANGEL Program Official Policy

https://gloucesterpd.com/addicts/
http://leadkingcounty.org
Intercept 1 Pre-Booking Jail Diversion and Response Types:

- Police-based police response
  - e.g., Crisis Intervention Teams (CIT)
- Police-based mental health response
  - e.g., Co-Response
- Mental health-based mental health response
  - e.g., behavioral health mobile crisis teams
Intercept 2 and 3: Interface with Courts

- Initial Appearance
- Pre-trial jail diversion
- Specialty courts
- Jail based services linked to communities

www.missionmodel.org
Types of Courts

• State court structures vary
• General Breakdown
  ▪ Criminal Courts
    − Criminal matters
    − Specialty courts
  ▪ Civil Courts
    − Civil commitment, civil disputes, malpractice cases
  ▪ Probate Courts
    − Family matters such as divorce, guardianship, family courts
  ▪ Juvenile Courts
Specialty Court Services: Goals and National Outcomes

- Reduced arrest rates
- Reduced days incarcerated
- Improvements in remission and recovery from illness and substance use conditions
- Improved linkages to services
# Treatment Courts

<table>
<thead>
<tr>
<th>Type</th>
<th>Year Started</th>
<th>Current Estimated #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Courts</td>
<td>1989</td>
<td>2700</td>
</tr>
<tr>
<td>Mental Health Courts</td>
<td>1997</td>
<td>350</td>
</tr>
<tr>
<td>Veterans Treatment Courts</td>
<td>2008</td>
<td>200</td>
</tr>
</tbody>
</table>

Drug Courts: Summary of the 10 Key Components

1. Integrate substance use services with justice system case processing
2. Use a non-adversarial approach to promote public safety and protect due process rights
3. Identify eligible participants and promptly place in drug court program
4. Provide access to continuum of treatment services
5. Monitor abstinence through frequent testing
6. Coordinate strategy of responses to compliance
7. Ongoing judicial interaction with each drug court participant
8. Monitor and evaluate the achievement of program goals and effectiveness
9. Continue interdisciplinary education
10. Forge partnerships to enhance program effectiveness
Drug Courts and MAT

RESOLUTION OF THE BOARD OF DIRECTORS

ON THE AVAILABILITY OF MEDICALLY ASSISTED TREATMENT (M.A.T.)
FOR ADDICTION IN DRUG COURTS

WHEREAS, addiction to illicit drugs and alcohol is, in part, a neurological or neuro-chemical disorder characterized by chronic physiological changes to brain regions governing motivation,
Intercept 4-5: Re-entry Efforts and Community Supervision

By Wayne Ray
Post Release Outcomes

- Risk of death of released prison inmates is 12.7 times higher within 2 weeks of release than for state population residents
  - Leading causes included drug overdose, cardiovascular, homicide, suicide

Assess, Plan, Identify, Coordinate (APIC) Framework for Re-Entry

10 Guidelines including:

- **Assess**
  - Screening for behavioral health needs and risk
  - Assessments after positive screenings
- **Plan**
  - Individualized treatment planning with appropriate treatment levels and dosing to match risk in collaborative programs
  - Collaborative responses between behavioral health and justice systems
- **Identify**
  - Anticipate critical periods especially time surrounding release
  - Policies and practices that enhance continuity of care
- **Coordinate**
  - Support “firm but fair” adherence to treatment and supervision conditions
  - Develop Information sharing mechanism
  - Support cross training
  - Support data analysis
Mr. A and Drug Court

- Mr. A confers with his attorney
- With drug court, he has the chance for an alternative to incarceration
- It will mean 18 months to 3 years under supervision of a drug court treatment team
Clinical Assessments and Drug Court-Involved Individuals

• Questions to ask Mr. A
  ▪ History of criminal justice involvement
  ▪ Prior work with probation and/or parole
  ▪ Years incarcerated
  ▪ Programming while incarcerated
  ▪ Current involvement in a drug court and current terms and conditions
  ▪ Who is on Mr. A’s treatment team for the drug court?
  ▪ Who is in Mr. A’s life as a support?
  ▪ Is there a valid release of information to allow communications?
  ▪ What are the terms and conditions he must follow?
Drug courts have had historical negative views about MAT.

Current policies for drug courts is for teams to accept MAT:
- Drug courts often have relationships with local providers to whom participants are referred.
- Drug court teams usually do not include prescribers or medical providers.

Providers may need to help patients communicate reasons why a particular MAT is being used.

Coordination with court professionals can be helped with written or verbal communications to advocate for MAT.
Ms. B and Re-entry

- Re-entry planning should include linkages to providers
- Naloxone rescue kits are now often given to the individual as part of re-entry planning
  - Ms. B’s risk of overdose is increased if she returns to same levels of use as prior to incarceration…
- Supervision by parole or probation may be part of Ms. B’s community requirements
Clinical Assessments for Individuals Under Community Supervision

• Questions to ask Ms. B
  ▪ History of criminal justice involvement
  ▪ Prior work with probation and/or parole
  ▪ Years incarcerated
  ▪ Programming while incarcerated
  ▪ Current terms and conditions for housing, for programming participation
  ▪ Who is in Ms. B’s life as a support?
  ▪ Was naloxone distributed upon release?
  ▪ Is there a valid release of information to allow communications?
Increasing MAT Access: Efforts Across the Continuum

• Most penal facilities do not permit MAT except…
  ▪ Pregnant women
• More jails and prisons are starting programs to allow injectable naltrexone upon release
  ▪ Concerns about diversion in facilities has limited use of other types of MAT in jails and prisons
  ▪ Some jails are starting to identify means of maintaining MAT in the jail-very new
Information Sharing

- 42 CFR Part 2 limits communication with others regarding patients in substance use treatment
- HIPAA limits communication related to mental health and health care
- State laws also govern information sharing
- A valid release allows communication
- For individuals under court or community supervision, communication can be complicated
- Best practice programs involve mutual work with community supervision to develop protocols related to what information is shared or not shared

https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs
What if a patient is “mandated” to one type of MAT, or no MAT?

- Sample treatment letter
- Publications
- Information for defense attorneys
- Training materials

Legal Action Center resources available at: (https://lac.org/resources/substance-use-resources/medication-assisted-treatment-resources/).
Mr. A and Ms. B are in Recovery and early Remission….Do they have rights that protect them from discrimination?

Governing Laws that Protect Against Discrimination:

- The Americans with Disabilities Act (ADA)
- The Rehabilitation Act of 1973
- The Fair Housing Act (FHA)
- The Workforce Investment Act (WIA)

Available at: https://store.samhsa.gov/shin/content//PHD1091/PHD1091.pdf
Conclusions

• Criminal justice experiences of patients should be understood and explored
• Revolving door of the CJ system can be traumatizing
• High risk for gaps in care due to various systems involved
  ▪ High morbidity and mortality associated with disruptions in care
• Maximizing personal understanding of CJ system, laws and best means of coordinating care between treatment and corrections and courts can be helpful
• MAT for justice involved persons gaining increasing attention locally and nationally
References

References


PCSS Mentor Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medication-assisted treatment.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit: pcssNOW.org/mentoring
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now
PCSS-MAT is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with the: Addiction Technology Transfer Center (ATTC); American Academy of Family Physicians (AAFP); American Academy of Neurology (AAN); American Academy of Pain Medicine (AAPM); American Academy of Pediatrics (AAP); American College of Emergency Physicians (ACEP); American College of Physicians (ACP); American Dental Association (ADA); American Medical Association (AMA); American Osteopathic Academy of Addiction Medicine (AOAAM); American Psychiatric Association (APA); American Psychiatric Nurses Association (APNA); American Society of Addiction Medicine (ASAM); American Society for Pain Management Nursing (ASPMN); Association for Medical Education and Research in Substance Abuse (AMERSA); International Nurses Society on Addictions (IntNSA); National Association of Community Health Centers (NACHC); National Association of Drug Court Professionals (NADCP), and the Southeast Consortium for Substance Abuse Training (SECSAT).

For more information: www.pcssNOW.org

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