CCJBH
Council on Criminal Justice and Behavioral Health

20 YEARS
of building bridges
to prevent incarceration

Quarterly Full Council Meeting

June 28, 2024

Brenda Grealish
Executive Officer, CCJBH
Office of the Secretary, Jeff Macomber
California Department of Corrections and Rehabilitation (CDCR)

Quick Notes

***** This meeting is being recorded *****

- Please use the “raise hand” feature to make a comment.
- You will be placed in line to comment in the order in which requests are received.
- When it is your turn to comment, the meeting host will unmute your line and announce your name.
- Comments must address the agenda item under discussion.
- If you are using the call-in feature, dial *6 to unmute.
- Members of the public should be prepared to complete their comments within 2 minutes unless a different amount of time is needed and announced by the Executive Officer.

Email: CCJBH@cdcr.ca.gov

Meeting Policies

WEBINAR PARTICIPATION

We welcome your participation throughout this meeting. Please note that disruptive behavior is not aligned with the purpose of this session and will not be tolerated. Any individuals disrupting the meeting may be removed from the webinar without warning. In the event of a security incident, the webinar portion of this session will end immediately and will not resume.

COMMENTARY

Participant comments do not reflect the views or policies of the presenters, the Council on Criminal Justice and Behavioral Health, the California Department of Corrections and Rehabilitation or its affiliates or contractors. By participating, you agree to keep comments relevant to the topic of today's event. While a variety of diverse perspectives and opinions is welcome, disruptive comments are not aligned with the purpose of this meeting.

Agenda

Time:	Topic:
2:00-2:05 PM	Welcome & Introductions, Roll Call
2:05-2:10 PM	Vote: Request for Bagley-Keene In-Person Participation Exemption
2:10-2:15 PM	Vote: Approval of March 2024 Full Council Meeting Minutes
2:15-3:45 PM	Innovations in Substance Use Disorder Treatment
3:45-4:20 PM	CCJBH Business Meeting
4:20-4:25 PM	Upcoming Meetings
4:25-4:30 PM	Adjourn

Vote:
Request for Bagley-Keene In-Person Participation Exemption

Bagley-Keene Open Meeting Act Requirements

- SB 544 Amendment Highlights:
  - **Effective January 1, 2024, and until January 1, 2026,** CCJBH may hold meetings by teleconference as described under Section 11123.2.
  - A ***majority*** of the members of the state body shall be physically present at the same teleconference location (for CCJBH, a minimum of 7 members must attend, in-person, at one location).
    - "***Teleconference location***" means a physical location that is accessible to the public and from which members of the public may participate in the meeting.
    - "***Remote location***" means a location from which a member of a state body participates in a meeting other than a teleconference location. A remote location ***is not required*** to be accessible to the public, and the notice and agenda shall not disclose information regarding a remote location.
    - "If a member attends a meeting by teleconference from a remote location, the member shall disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals." Section11123.2(j)(4).

CCJBH

DEPARTMENT OF CORRECTIONS AND REHABILITATION
STATE OF CALIFORNIA

Bagley-Keene In-Person Exemption Request

- “At the earliest opportunity possible, including at the start of a meeting, a member may notify the CCHBH of their need to participate remotely due to a physical or mental disability, including a general description not to exceed 20 words, of the circumstances relating to the member’s need to participate remotely. The member is not required to disclose any medical diagnosis or disability.” Section 11123.2(j)(3). CCJBH staff may be notified via email.
- CCJBH Council must act on exemption requests at the beginning of each Council Meeting.
- A member who attends and participates from a remote location may count toward the required majority if the member has a need to participate remotely related to a physical or mental disability that is not otherwise reasonably accommodated by the Americans with Disability Act, 42 U.S.C. Section 12101.

Motion/Vote: Bagley-Keene In-Person Participation Exemption

- Suggested Motion – To ***APPROVE*** remote participation by Councilmember Tracey Whitney in accordance with Government Code Section 11123.2(j)(3), allowing her to participate remotely at the June 28, 2024, Quarterly CCJBH Full Council Meeting, due to health concerns limiting her ability to travel.

- **<u>Vote Options:</u>**

  - Yes: Approves remote participation for Councilmember Whitney.

  - No: Denies remote participation for Councilmember Whitney.

Vote: Approve Councilmember Whitney Remote Participation

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Vote:
March 2024
Full Council Meeting Minutes

Vote: Approval of March 2024 Full Council Meeting Minutes

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Brian Hurley, M.D., M.B.A., FAPA, DFASAM
Medical Director, Substance Abuse Prevention and Control
County of Los Angeles Department of Public Health

Substance Use Treatment for Justice Involved Californians

County of Los Angeles Public Health

SUBSTANCE ABUSE SERVICE HELPLINE
24/7 1.844.804.7500

12

Brian Hurley, M.D., M.B.A., DFASAM, FAPA

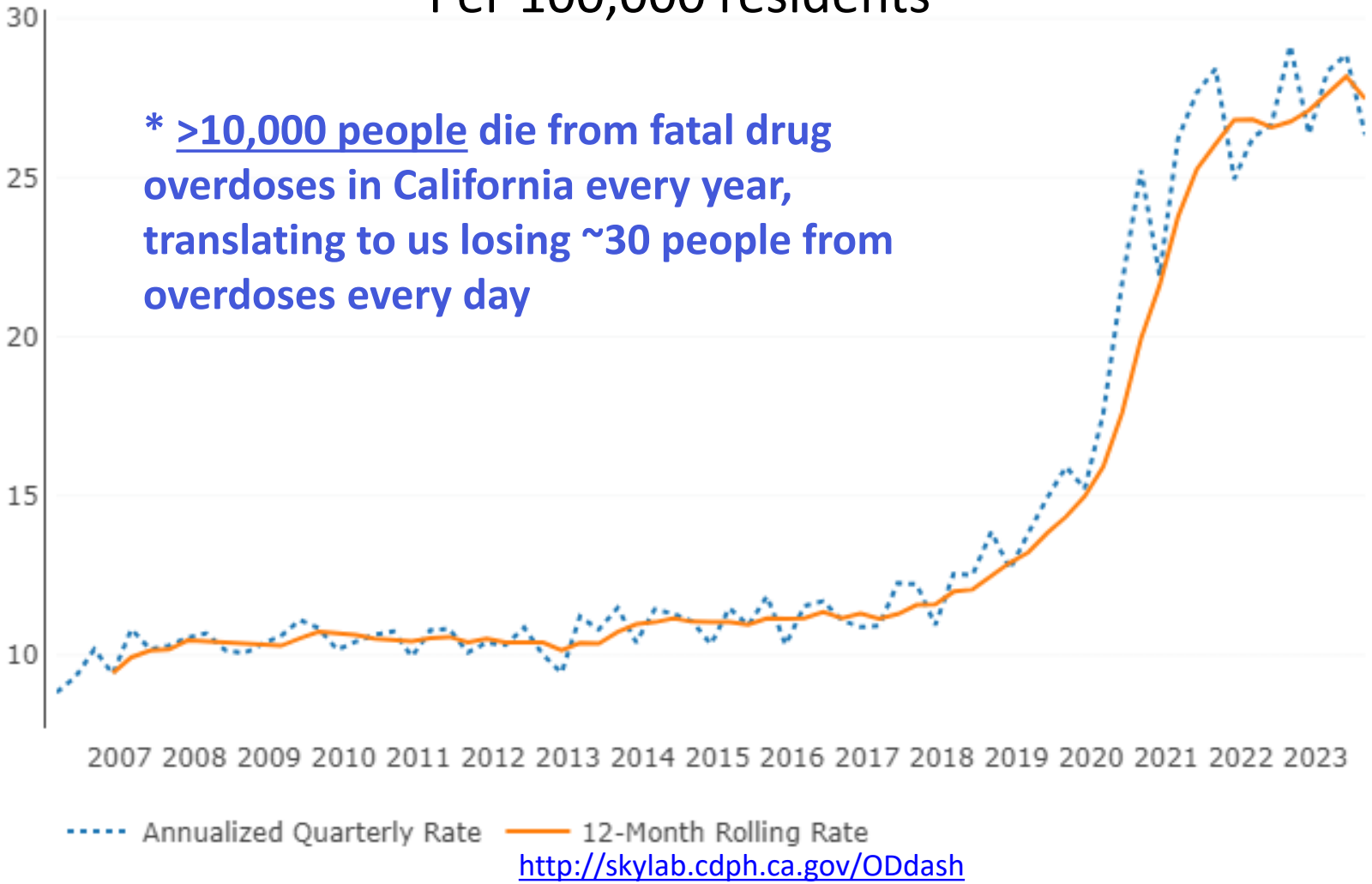
No financial conflicts of interests

Brian is the President of the American Society of Addiction Medicine, so comments on topics involving ASAM (which maintains a Treatment in Correctional Settings Toolkit among other training products and practice guidelines) may be biased towards ASAM

None of the medications discussed
in this presentation are FDA approved for
Stimulant Use Disorders

Drug Overdose Death Rate in California

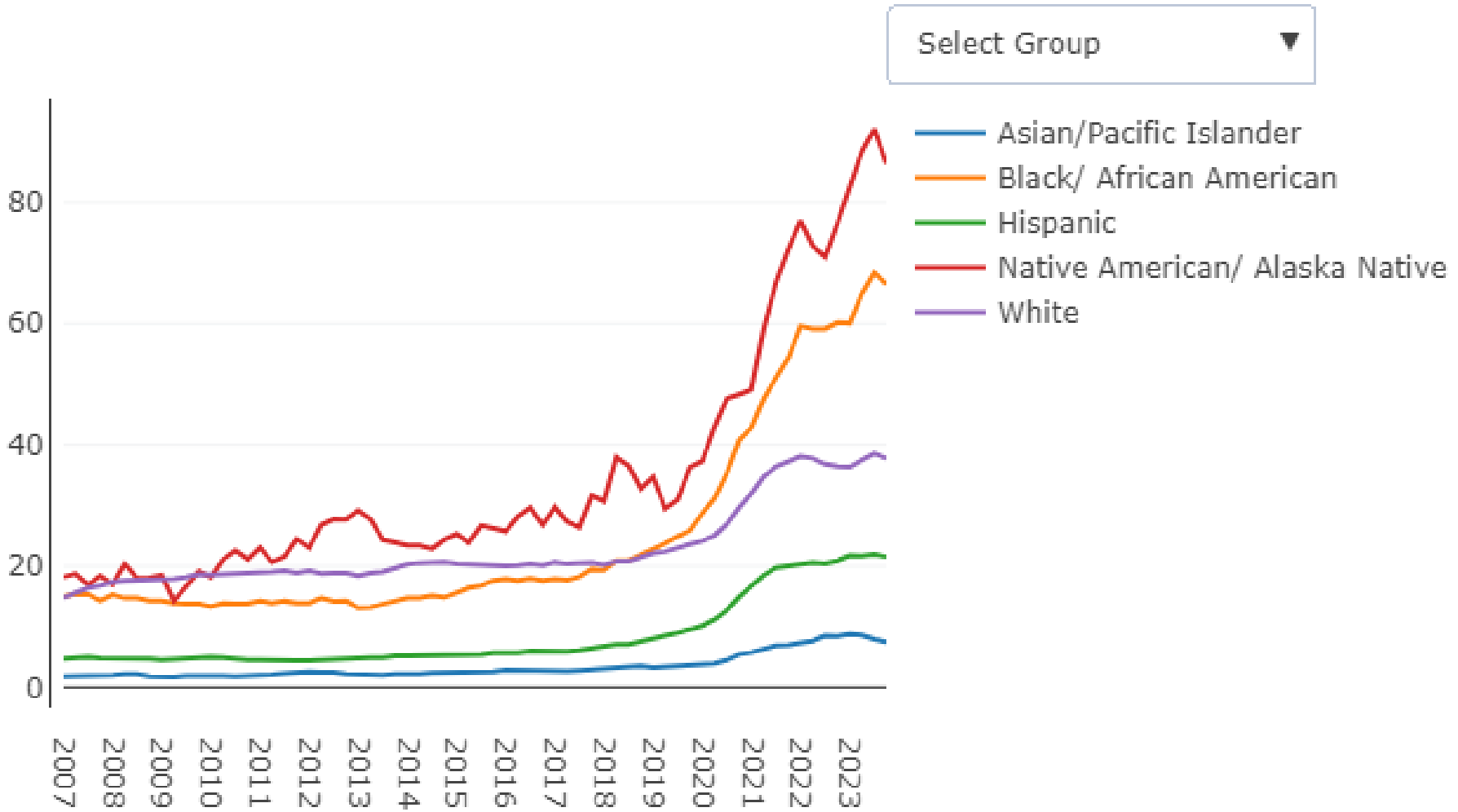
Per 100,000 residents



*** >10,000 people die from fatal drug overdoses in California every year, translating to us losing ~30 people from overdoses every day**

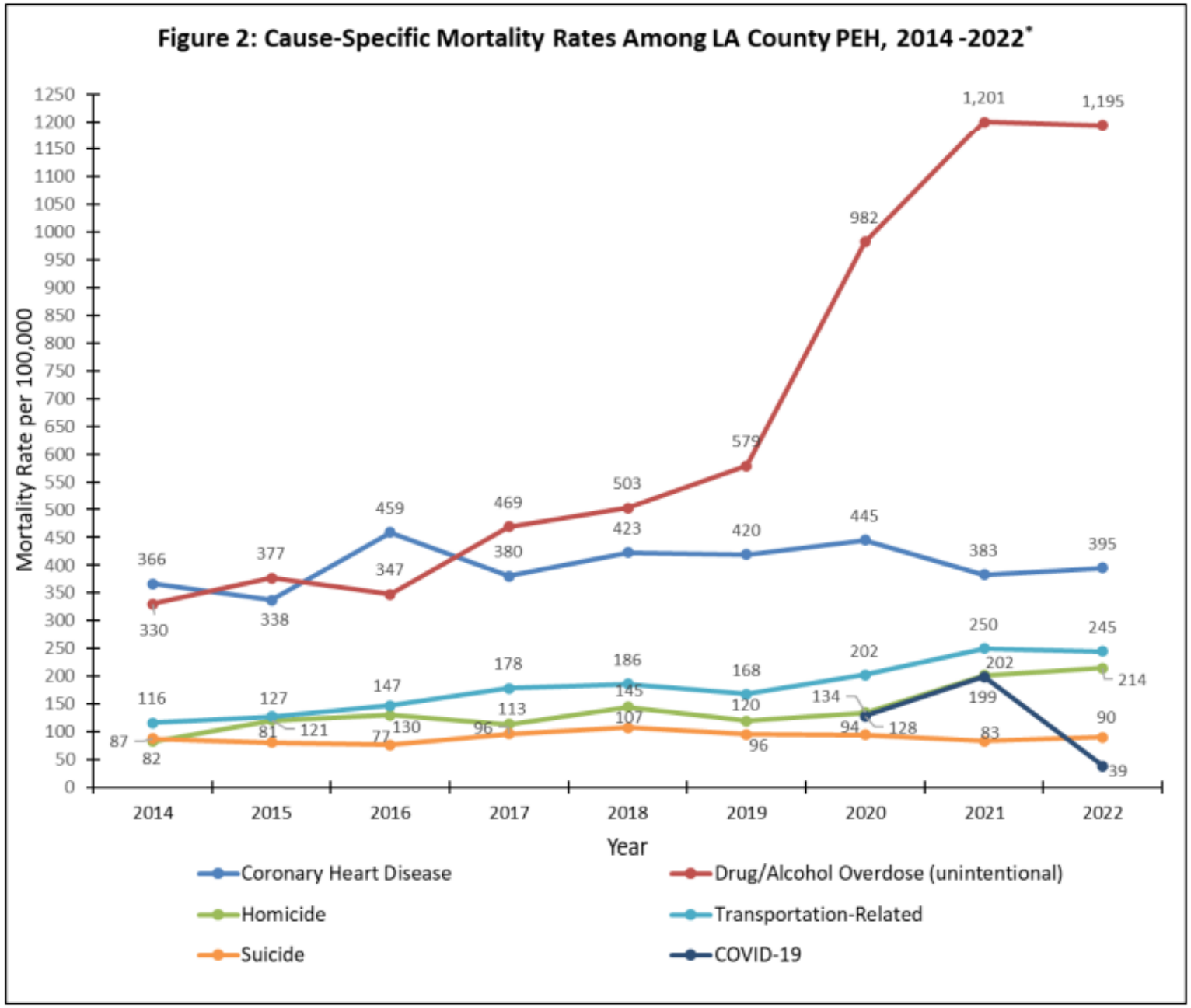
http://skylab.cdph.ca.gov/ODdash

California Overdose Rates by Race/Ethnicity



6/20/2024

http://skylab.cdph.ca.gov/ODdash



http://publichealth.lacounty.gov/chie/PA_Projects.htm

Carceral Settings

- 65% percent of the incarcerated population in the US has an active substance use disorder.
- Another 20% percent does not meet the official criteria for a substance use disorder, but were under the influence of drugs or alcohol at the time of their crime.
- For those in jail, regular use of opioids was reported at 17%.
- Up to 20% of individuals housed within prison in the United States meet criteria for opioid use disorder.

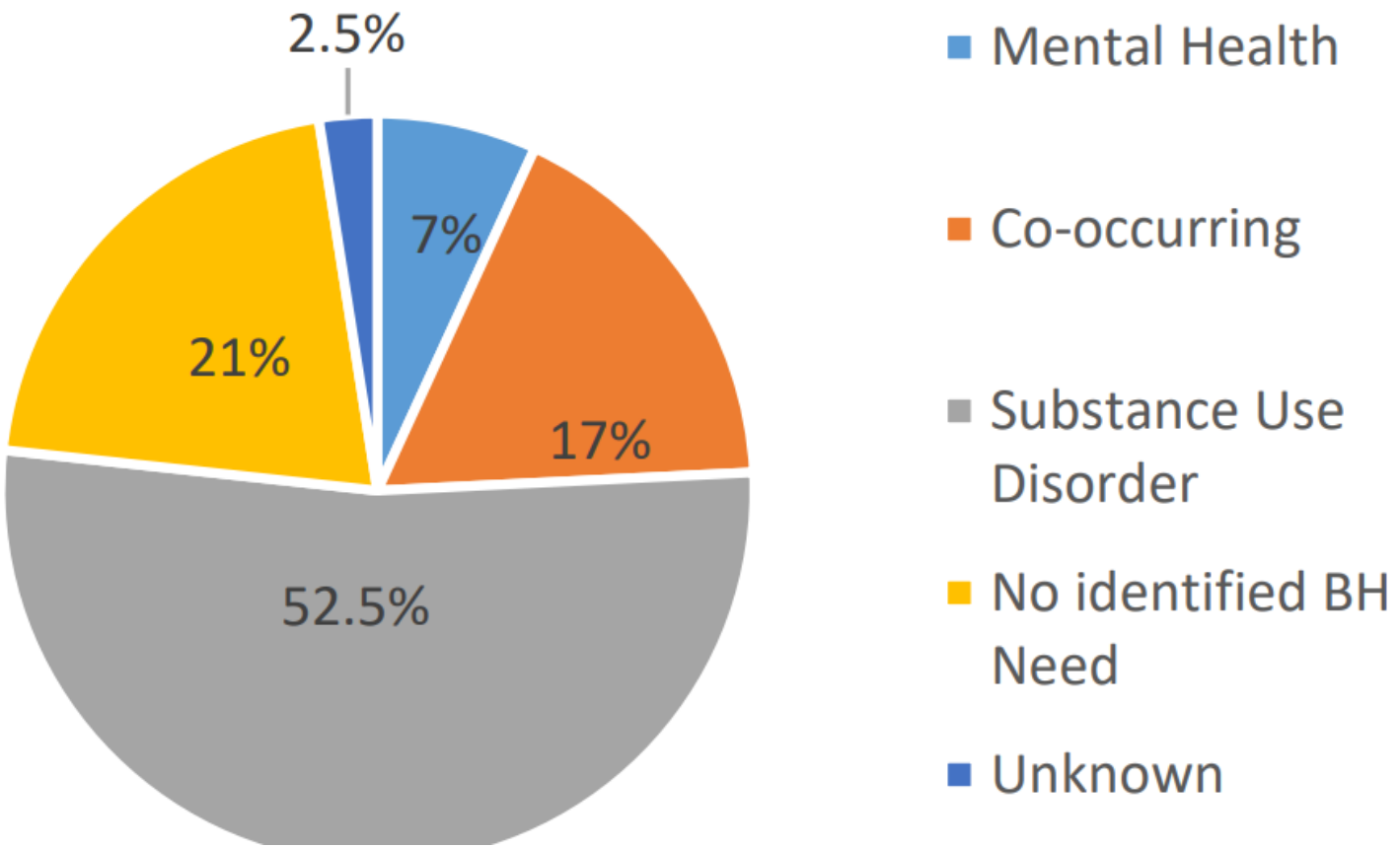
Center on Addiction, Behind Bars II: Substance Abuse and America's Prison Population, February 2010. https://www.centeronaddiction.org/addiction-research/reports/behind-bars-ii-substance-abuse-and-america's-prison-population

Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M. (2017). Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007- 2009. NCJ 250546. Washington, DC: Bureau of Justice Statistics

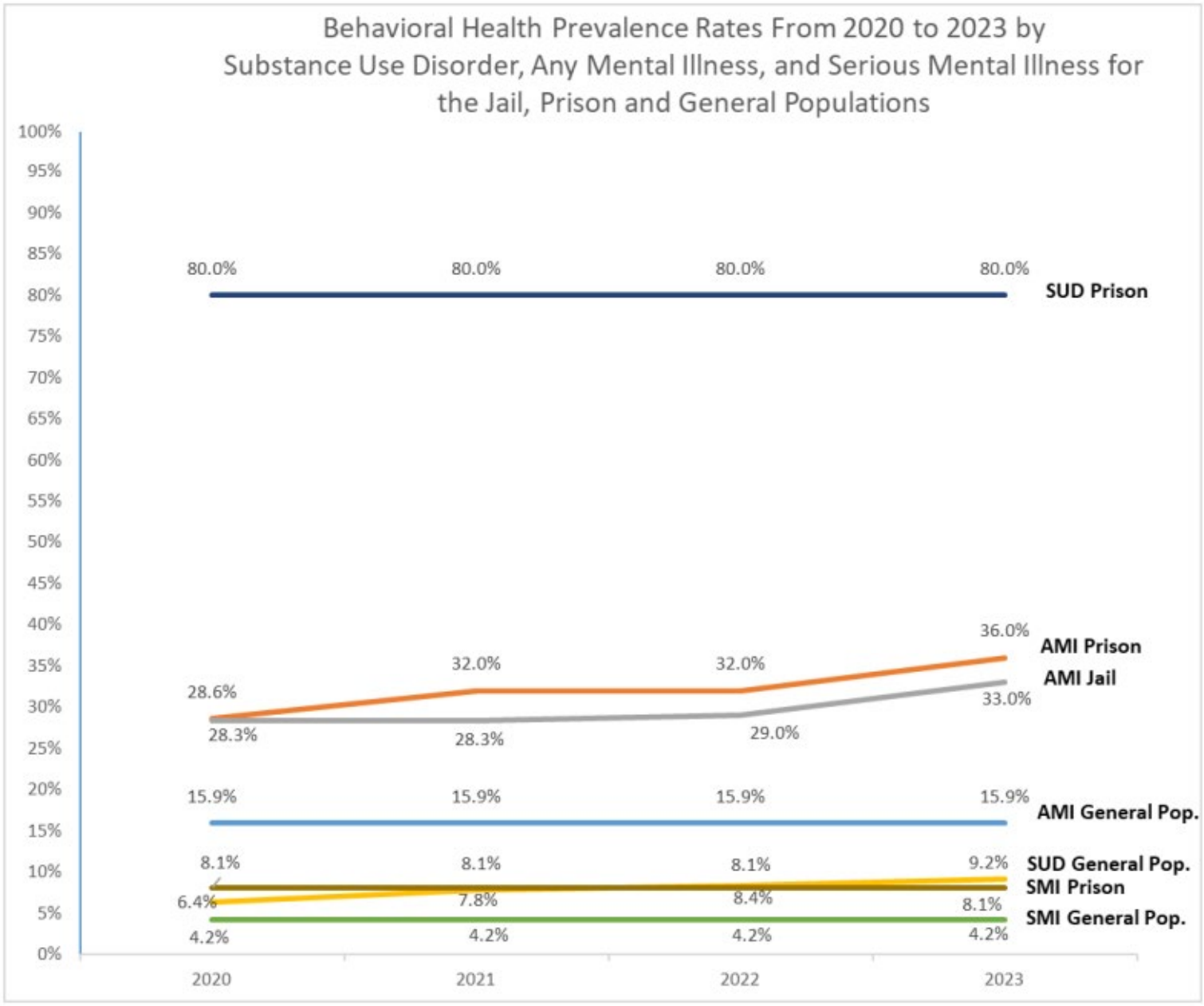
Lo CC, Stephens RC. Drugs and prisoners: treatment needs on entering prison. Am J Drug Alcohol Abuse. 2000;26(2):229–45.

Fazel S, Bains P, Doll H. Substance abuse and dependence in prisoners: a systematic review. Addiction. 2006;101(2):181–91.

Figure 1. CDCR-Identified Behavioral Health Need for Individuals released in FY 2019-20



Council on Criminal Justice and Behavioral Health. Medi-Cal Utilization Project: A Report on the Medi-Cal Enrollment and Behavioral Health Services Utilization for Individuals Released from the California Department of Corrections and Rehabilitation in Fiscal Year 2019-20. October 2023. http://www.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/172/2024/01/MCUP-FY-2019-2020-October-2023-ADA-1.pdf



Council on Criminal Justice and Behavioral Health. 22nd Annual Legislative Report February 2024.
http://www.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/172/2024/05/FINAL-CCJBH-2023-Annual-Report-Final.pdf

Carceral Settings

- High risk of overdose in the period immediately following release from custody. Post-release overdose is the leading cause of death among people released from jails or prisons.
- People who have been incarcerated are at risk of death from overdose >100 times greater than the general population.
- Risk is highest in the two weeks after release.

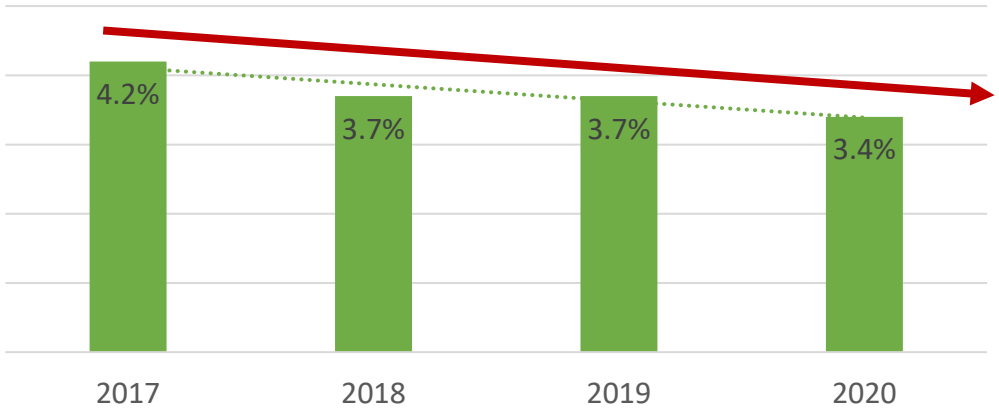
Joudrey, P. J., Khan, M. R., Wang, E. A., Scheidell, J. D., Edelman, E. J., McInnes, D. K., & Fox, A. D. (2019). A conceptual model for understanding post-release opioid-related overdose risk. *Addiction science & clinical practice*, *14*(1), 17.

Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, et al. Release from prison—a high risk of death for former inmates. N Engl J Med. 2007;356(2):157–65.

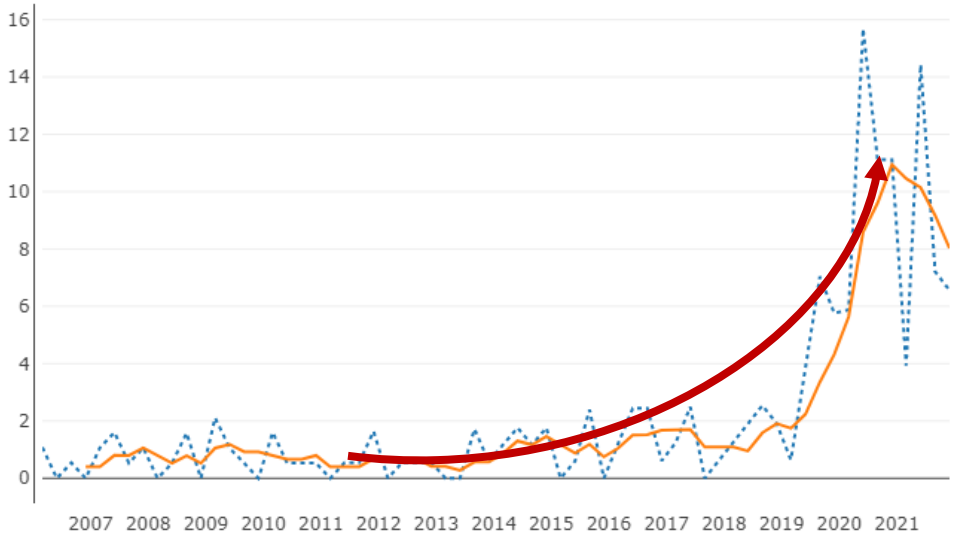
Binswanger IA, Blatchford PJ, Mueller SR, Stern MF. Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. Ann Intern Med. 2013;159(9):592–600.

Grella CE, Ostlie E, Scott CK, Dennis ML, Carnevale J, Watson DP. A scoping review of factors that influence opioid overdose prevention for justice-involved populations. Subst Abuse Treat Prev Policy. 2021 Feb 22;16(1):19. doi: 10.1186/s13011-021-00346-1. PMID: 33618744; PMCID: PMC7898779.

% Opioid **Misuse** Amongst Youth (12 or Older)



Overdose **Deaths** Amongst Youth (15 or Older) LA County

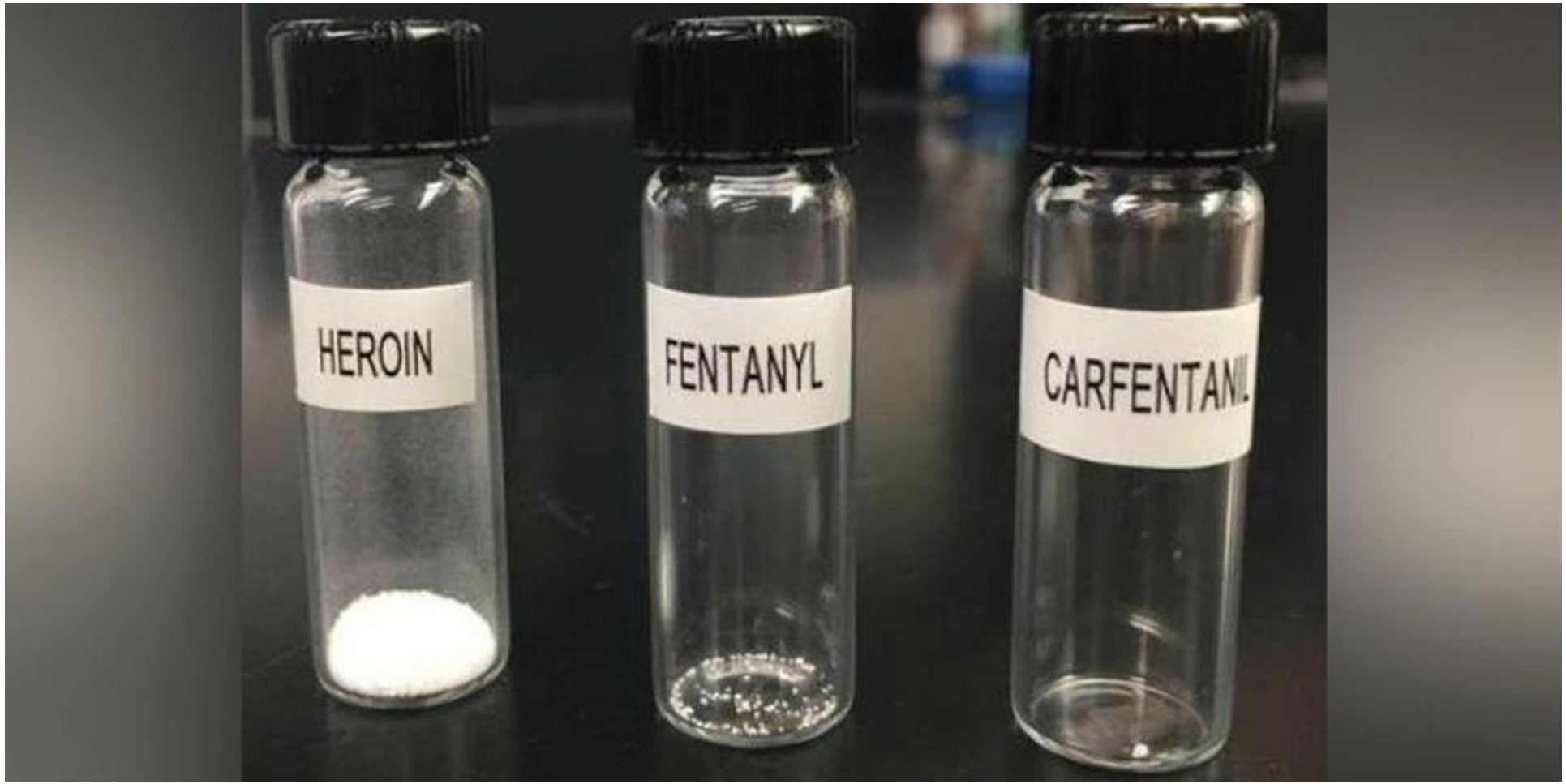


Youth Opioid Misuse & Overdoses: Fentanyl

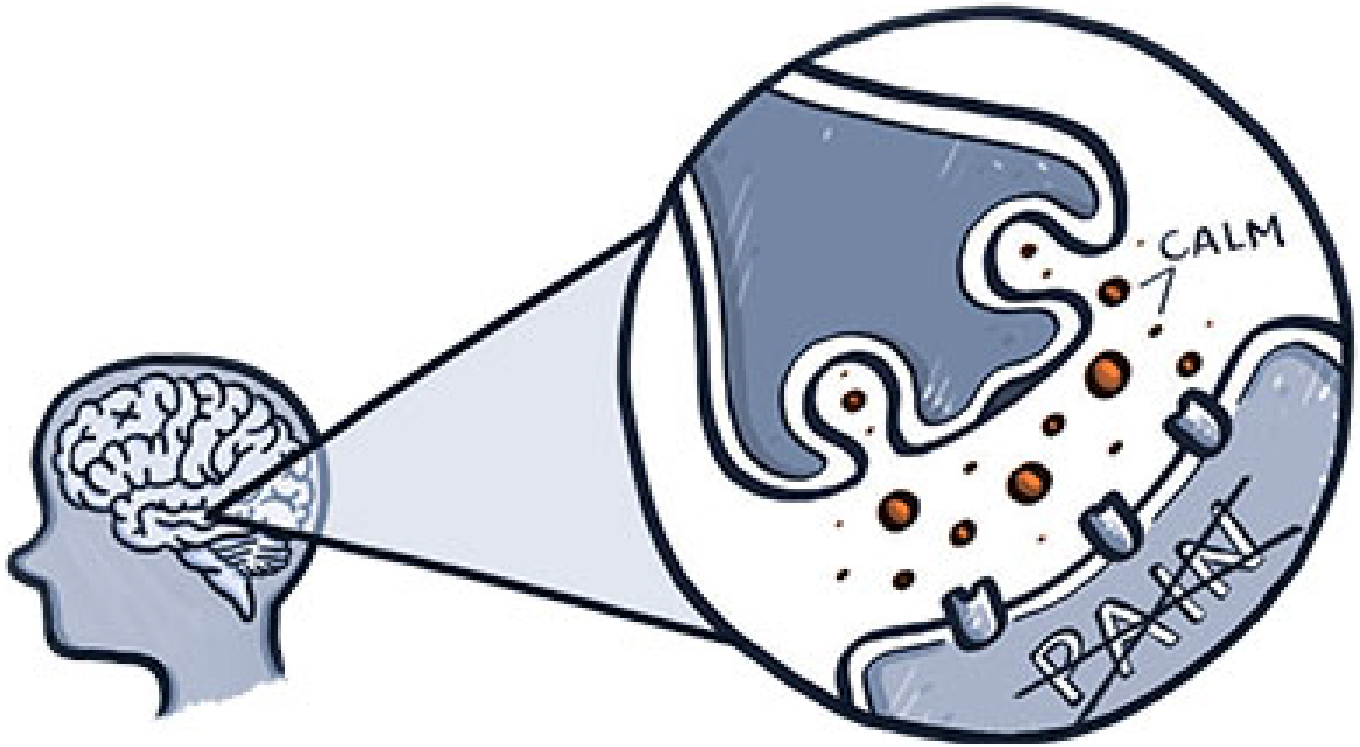
Youth overdose deaths continue to **RISE** even though **LESS** youth are misusing opioids…why?

Answer: Illicit Fentanyl is increasingly being laced in counterfeit pills.

Takeaway: Any pill that doesn't come directly from a healthcare provider can contain fentanyl and be deadly.


HEROIN
FENTANYL
CARFENTANIL

How do Opioids Affect the Brain?



1.The National Institute on Drug Abuse: Mind Matters: The Body's Response to Opioids

Slide Credit: Dr. Siddarth Puri and Lisette De La Trinidad-Alvarado

Overdose

Oxygen starvation leads to:

Unconsciousness

↓

Coma

↓

Death

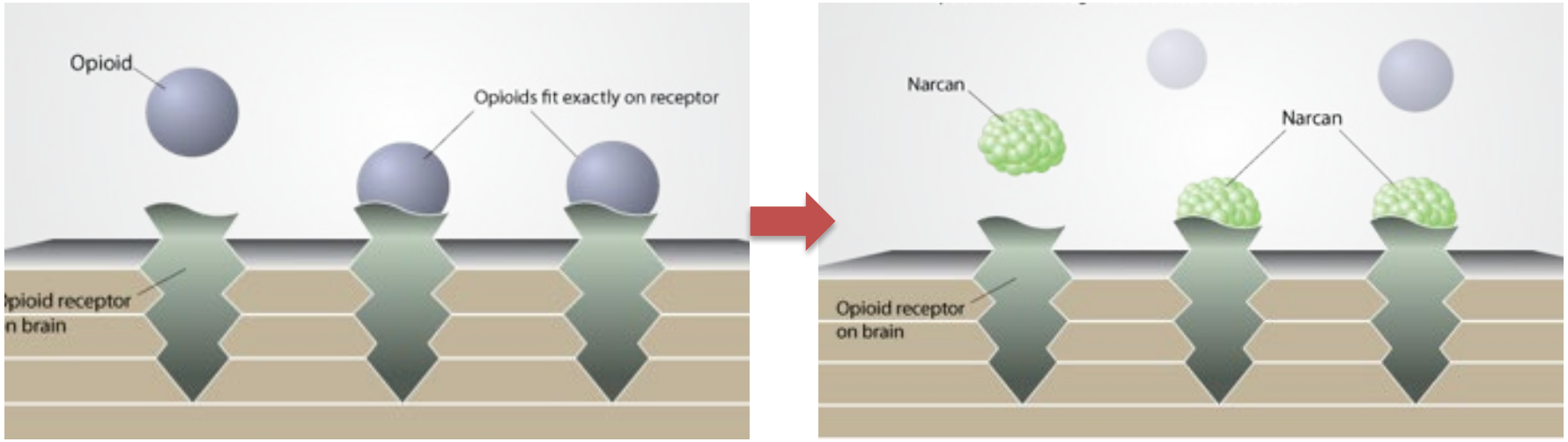
Within 3-5 minutes without oxygen, brain damage starts to occur, soon followed by death

(Harm Reduction Coalition, n.d.)

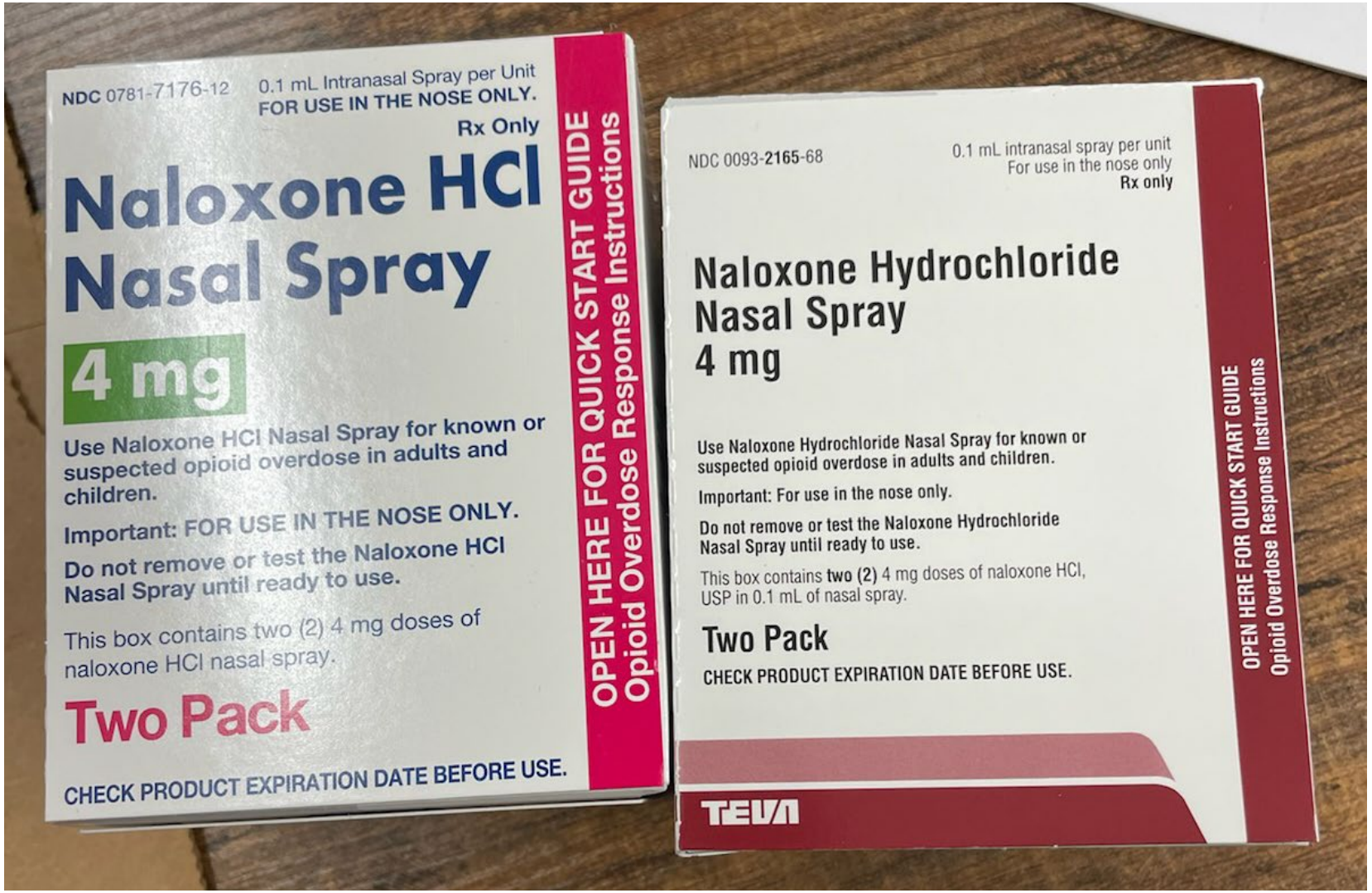
Slide Credit: Dr. Siddarth Puri and Lisette De La Trinidad-Alvarado

Understanding Naloxone

- Reverses an opioid overdose.
  - Restores normal breathing to a person whose breathing has slowed or stopped because of an opioid overdose.
- Effective with opioids only: Heroin, fentanyl, oxycodone (OxyContin®), hydrocodone (Vicodin ®), codeine, morphine.



Slide Credit: Dr. Siddarth Puri and Lisette De La Trinidad-Alvarado



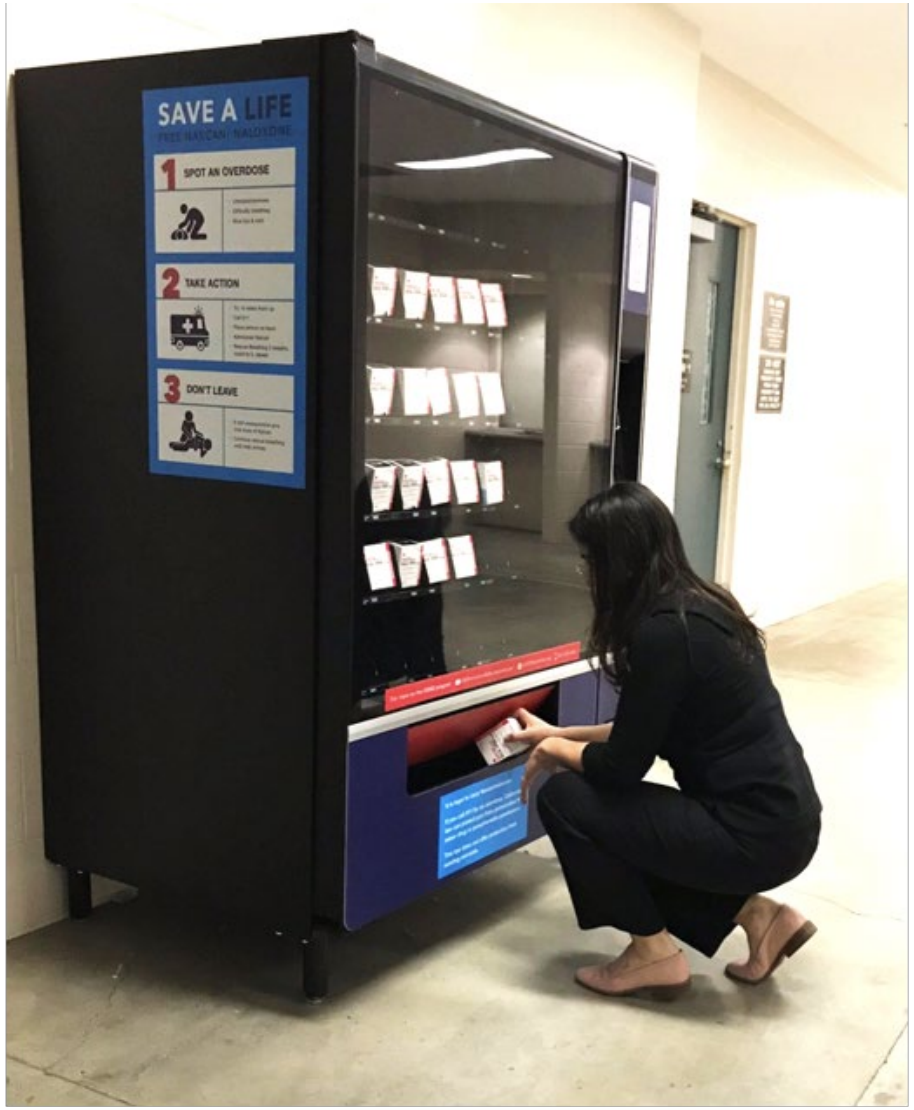
Slide Credit: Dr. Siddarth Puri and Lisette De La Trinidad-Alvarado

Bottom Line

Nobody needs to die from an opioid overdose

Naloxone Vending Machines

- LA County Carceral Facilities



No-cost naloxone vending machine at Los Angeles County Jail Release Center. December 2019.

Criminal Justice Services

SAPC offers a no-wrong-door policy for anyone to access Substance Use Disorder (SUD) treatment through the Substance Abuse Service Helpline (SASH), Client Engagement and Navigation Services (CENS), and self-referrals directly to Network Providers. The Criminal Justice Team collaborates with Probation, Office of Public Defender, Los Angeles Sheriff's Department, Department of Mental Health (DMH), Department of Health Services-Office of Diversion and Reentry and Integrated Correctional Health, and contracted community-based treatment providers to ensure SUD treatment for in-custody individuals transitioning to the community are coordinated and delivered with a warm handoff.

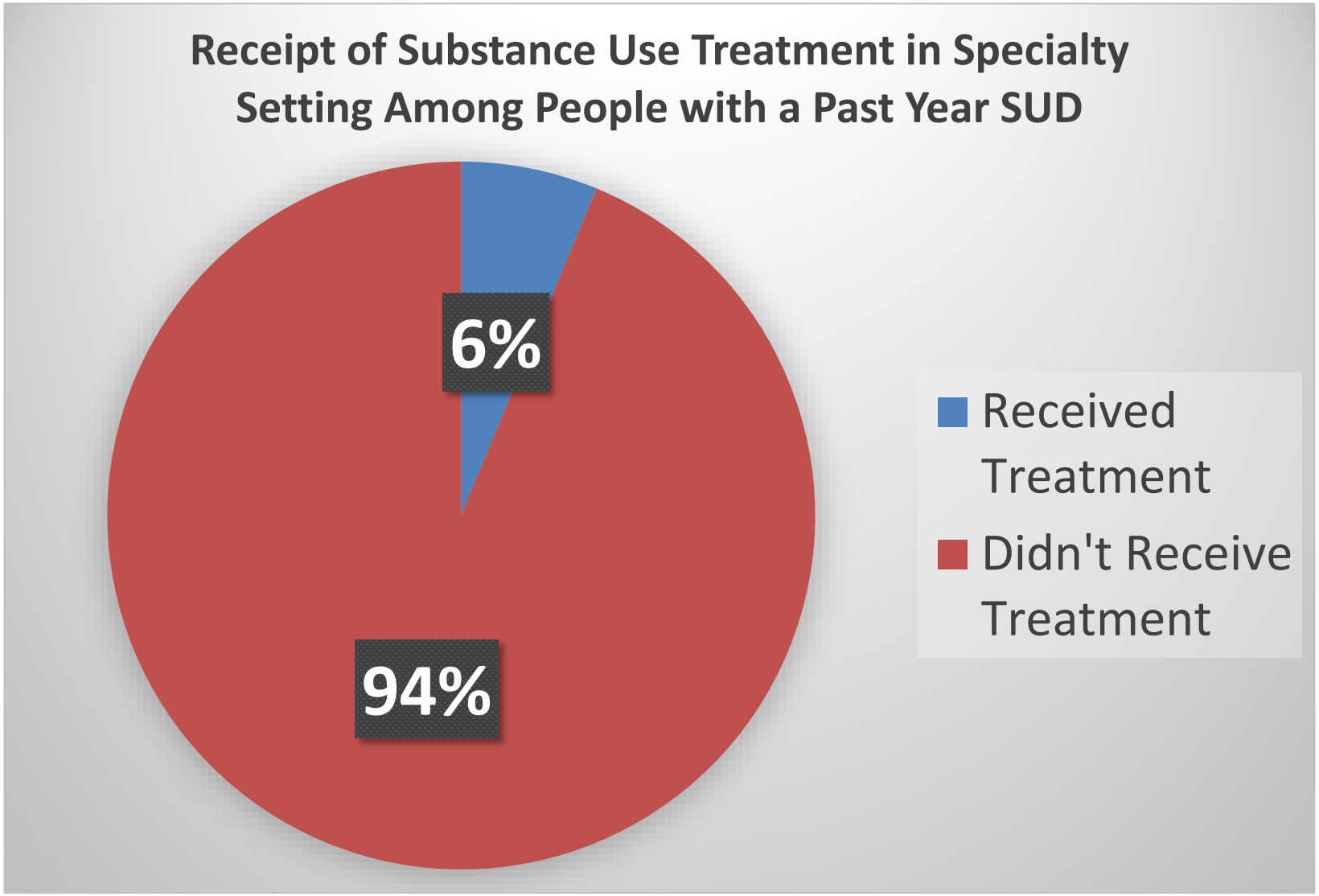
No-cost SUD treatment services are available to justice involved adults who are:

- Residents of Los Angeles County,
- Medi-Cal eligible and/or enrolled,
- Those with coverage under My Health LA (which also covers services for undocumented individuals), or
- Individuals eligible for select County funded programs such as Assembly Bill 109 (AB 109).

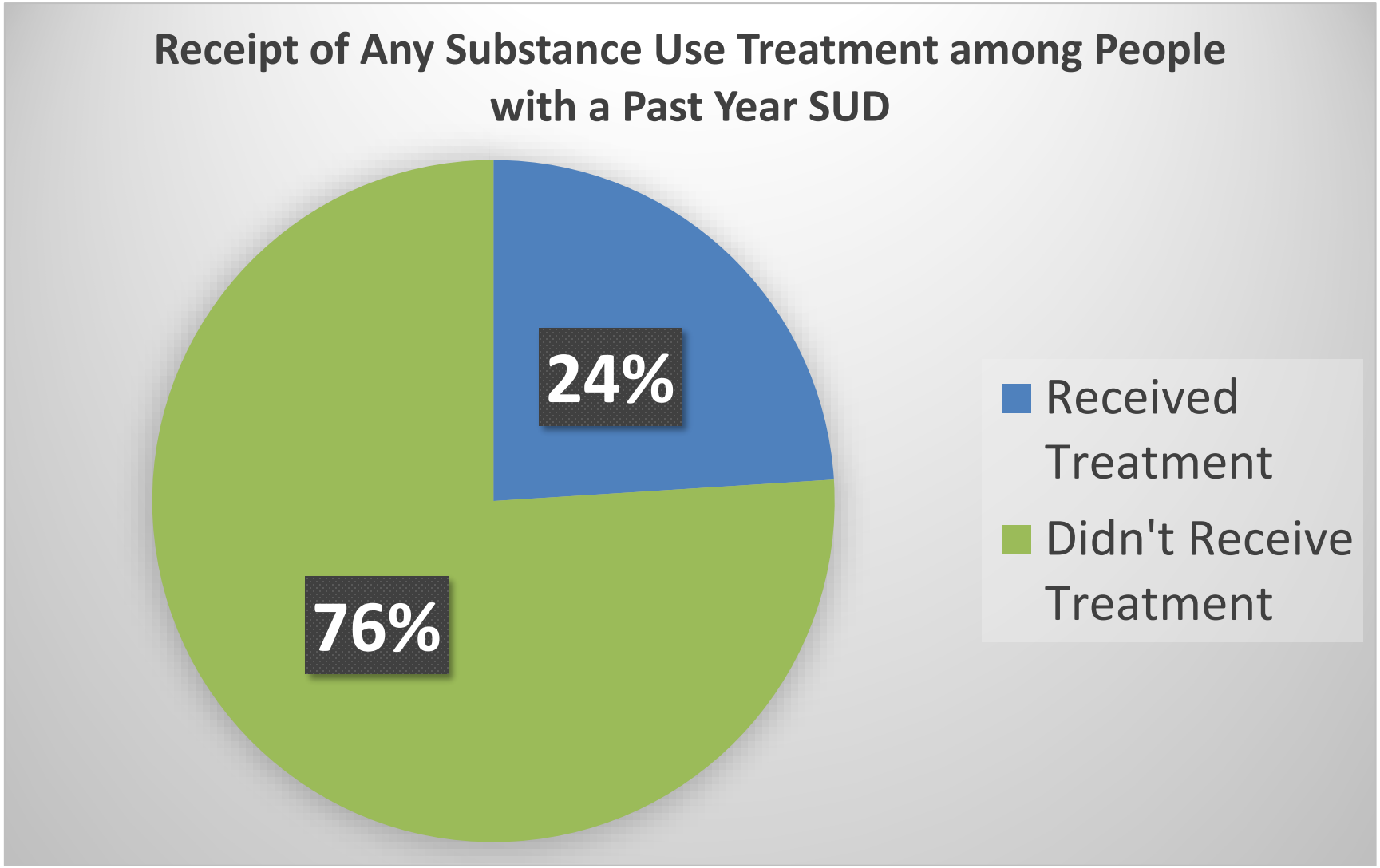
Services includes a range of outpatient, intensive outpatient, residential, withdrawal management (detox), opioid treatment programs, recovery bridge housing, and recovery support services. Substance Use Disorder (SUD) treatment focuses on a patient centered, individualized approach, where a patient is supported throughout their recovery journey. Recovery Support Services (RSS) are available to justice involved individuals immediately upon release from custody (admitted directly to RSS without requiring prior engagement in treatment services). Individuals do not need to be abstinent from drugs for any specified period.

- Adult Drug Court (ADC) +
- Assembly Bill 109 (AB 109) +
- Alternatives to Incarceration (ATI) Rapid Diversion Program (RDP) +
- Community Collaborative Courts (CCC) +
- In-Custody to Community Referral Program (ICRP) +
- Law Enforcement Assisted Diversion (LEAD) Program +
- Proposition 36/PC1210 +
- Sentenced Offender Drug Court (SODC) +

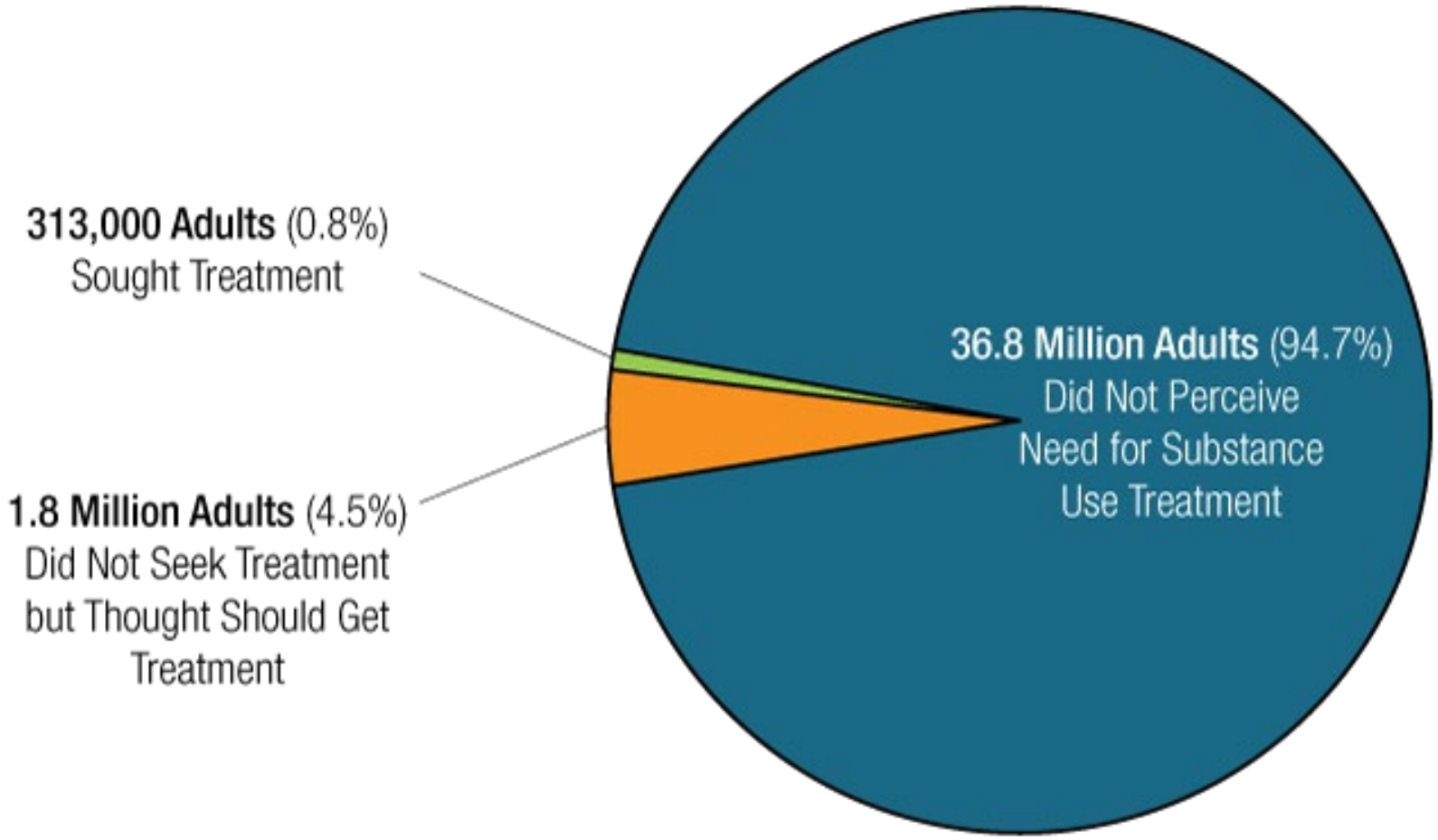
http://publichealth.lacounty.gov/sapc/providers/programs-and-initiatives/criminal-justice.htm



Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health* (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report



Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report



39.7 Million Adults with a Substance Use Disorder Who Did Not Receive Substance Use Treatment

Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

Table 1 Comparison of Penetration and Engagement Rates for Members Transitioning from Incarceration in FY 2018-19 and FY 2019-20 with Any Type of Behavioral Health Services by Behavioral Health Need						
	Penetration			Engagement		
Behavioral Health Need	FY 2018-19	FY 2019-20	% (+/-)	FY 2018-19	FY 2019-20	% (+/-)
SUD Only	30%	27%	-3%	16%	21%	+5%
Co-Occurring	56%	51%	-5%	35%	41%	+6%
Mental Health Only	55%	50%	-5%	36%	41%	+5%

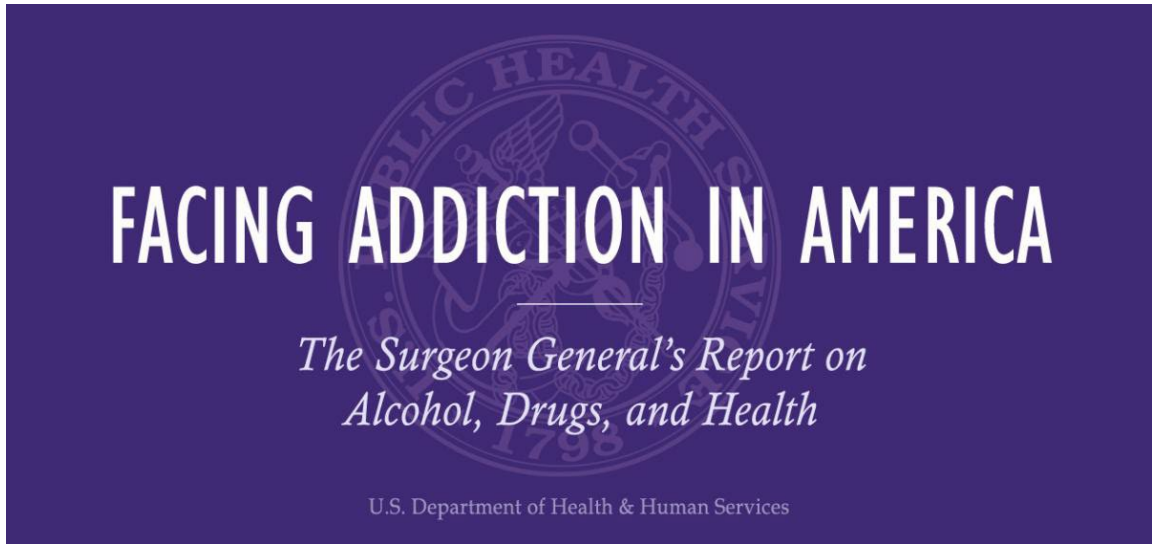
- Penetration rate of mental health needs > SUD needs

Council on Criminal Justice and Behavioral Health. Medi-Cal Utilization Project: A Report on the Medi-Cal Enrollment and Behavioral Health Services Utilization for Individuals Released from the California Department of Corrections and Rehabilitation in Fiscal Year 2019-20. October 2023. http://www.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/172/2024/01/MCUP-FY-2019-2020-October-2023-ADA-1.pdf

Table 2 Penetration and Engagement Rates in Behavioral Health Services By Behavioral Health Need and Medi-Cal Behavioral Health Service Type for Members Transitioning from Incarceration in FY 2019-20							
Medi-Cal Behavioral Health Service Type	# of Services	Behavioral Health Need					
		SUD Only		Co-Occurring		Mental Health Only	
		n	%	n	%	n	%
Medi-Cal SUD	1+	2,898	19%	1,434	29%	451	23%
	5+	2,295	15%	955	19%	290	15%
	Total Enrolled	14,973	100%	4,952	100%	1,958	100%
SMHS	1+	1,122	7%	1,462	30%	681	35%
	5+	859	6%	1,177	24%	574	29%
	Total Enrolled	14,973	100%	4,952	100%	1,958	100%
Non-SMHS	1+	1,313	9%	1,189	24%	420	21%
	5+	479	3%	471	10%	154	8%
	Total Enrolled	14,973	100%	4,952	100%	1,958	100%

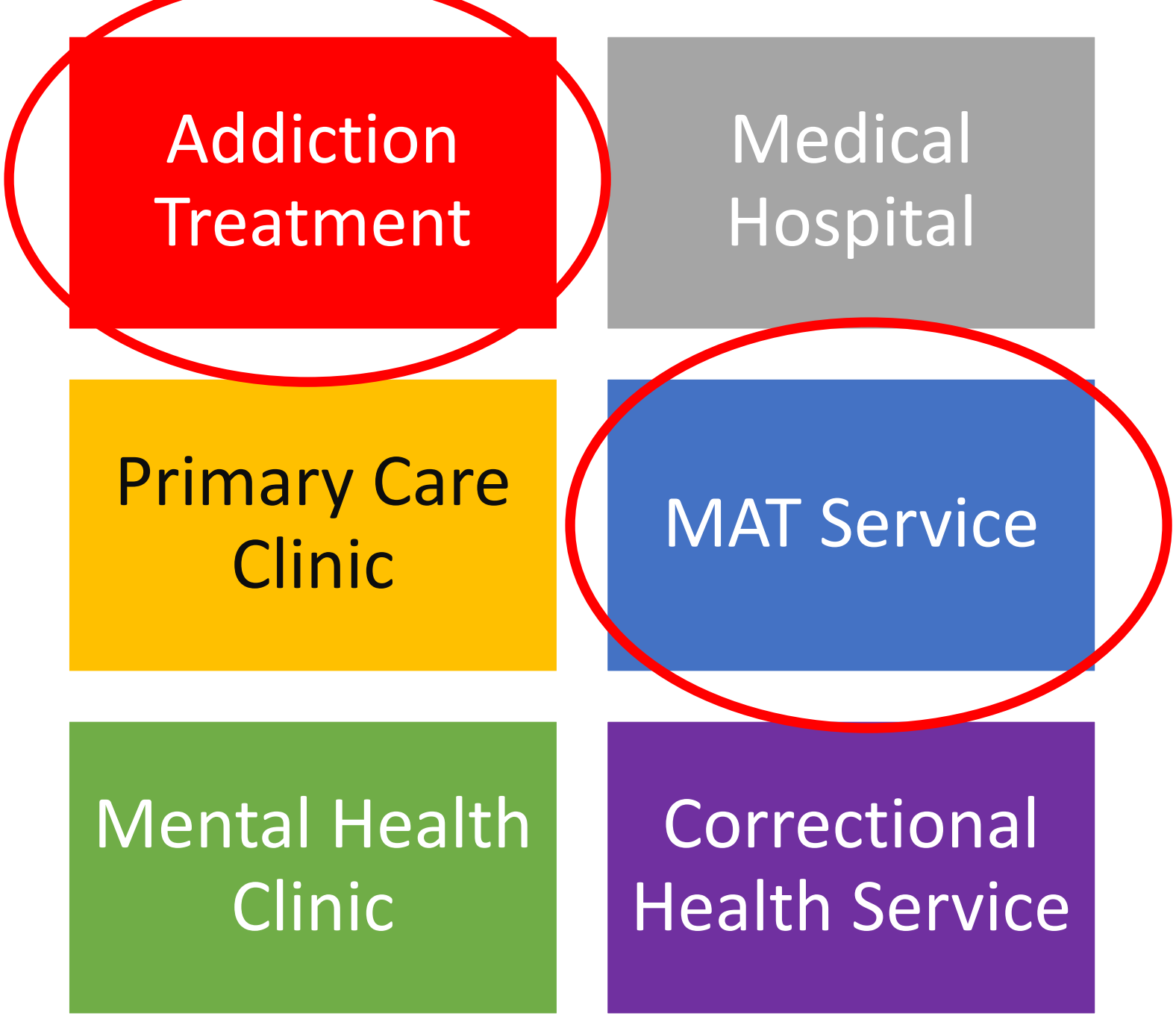
Council on Criminal Justice and Behavioral Health. Medi-Cal Utilization Project: A Report on the Medi-Cal Enrollment and Behavioral Health Services Utilization for Individuals Released from the California Department of Corrections and Rehabilitation in Fiscal Year 2019-20. October 2023. http://www.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/172/2024/01/MCUP-FY-2019-2020-October-2023-ADA-1.pdf

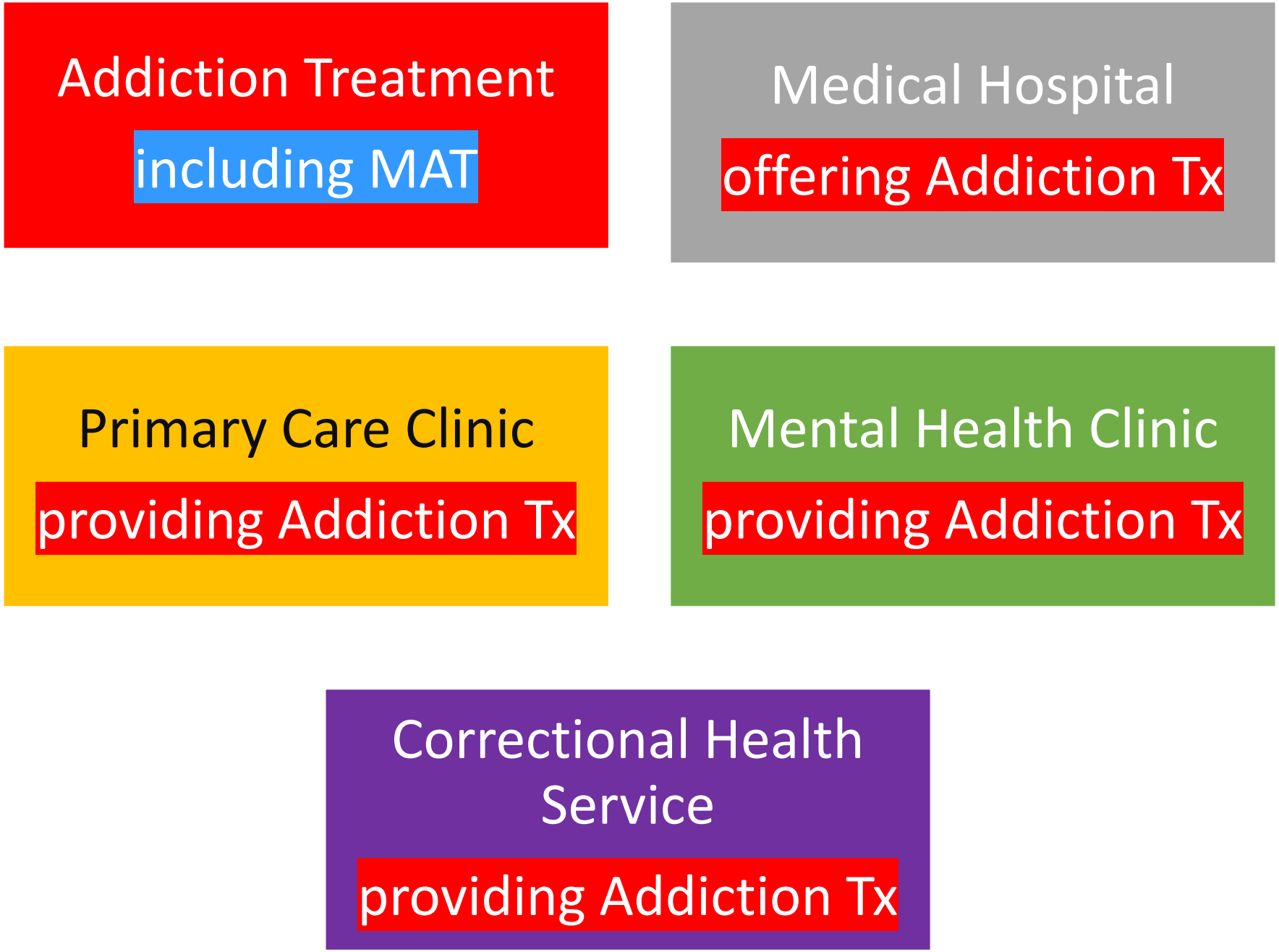
Surgeon General's Report

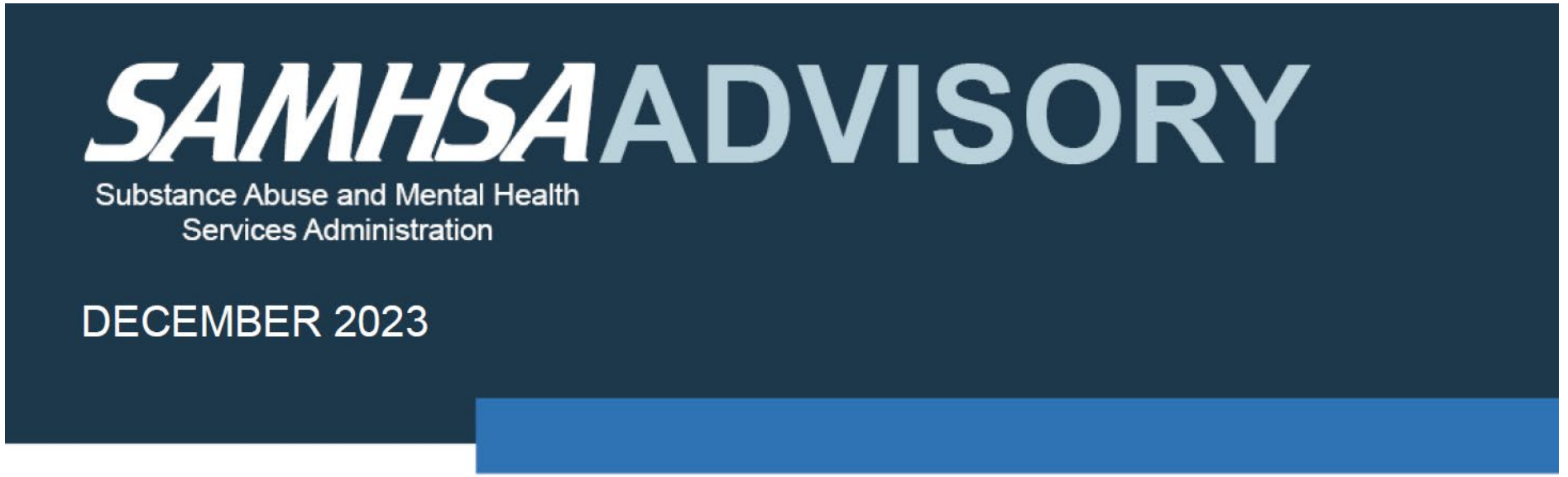


Integrating substance use services results in better outcomes

https://addiction.surgeongeneral.gov/


Addiction Treatment
Medical Hospital
Primary Care Clinic
MAT Service
Mental Health Clinic
Correctional Health Service


Addiction Treatment
including MAT
Medical Hospital
offering Addiction Tx
Primary Care Clinic
providing Addiction Tx
Mental Health Clinic
providing Addiction Tx
Correctional Health Service
providing Addiction Tx



ADVISORY: LOW BARRIER MODELS OF CARE FOR SUBSTANCE USE DISORDERS

Principles and Components of Low Barrier Models of Care

http://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005

SAMHSA Principles of Low Barrier Models of Care

- Person-centered care
- Harm reduction and meeting the person where they are
- Flexibility in service provision
- Provision of comprehensive services
- Culturally responsive and inclusive care
- Recognize the impact of trauma

http://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005

SAMHSA Components of Low Barrier Models of Care

- Available and accessible
- Flexible
- Responsive to patient needs
- Collaborative with community based organizations
- Engaged in learning and quality improvement

http://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005

Barrier Level	Requirements and Approach [35,36,37,38,39,40]	Requirements and Approach (medication only)	Availability [41,42,43,44,45]
Low Barrier Care	• No service engagement conditions or preconditions. • Visit frequency based on clinical stability. • Ongoing substance use does not automatically result in treatment discontinuation. • Client's individual recovery goals prioritized. • Reduction in substance use and engaging in less risky substance use as acceptable goals.	• Medication at first visit. • Home initiation permitted. • Various medication formulations offered. • Individualized medication dosage. • Rapid re-initiation of medication after short-term disruption.	• Treatment available in non-specialty SUD settings. • Other clinical and non-clinical services incorporated into SUD treatment settings. • Same-day treatment availability, no appointment required. • Extended hours of operation. • Telehealth and in-person services available.
High Barrier Care	• Requirements for current or previous engagement with specific services. • Visit frequency based on a rigid, pre-determined schedule. • Treatment discontinuation due to ongoing substance abuse. • Treatment goals imposed. • Abstinence as the primary goal for all clients, all the time.	• Two or more visits before medication. • Clinic initiation required. • Limited medication formulation options. • Uniform maximum dosage. • Induction required to restart medication.	• Treatment only available at specialty SUD programs. • Non-integrated or limited-service offerings. • One or more day wait to initiate treatment, appointment required. • Traditional hours of operation. • Services only available in-person.

Jakubowski, A., Fox, A. (2020). Defining Low-threshold Buprenorphine Treatment. J Addict Med. 2020 Mar/Apr;14(2):95-98. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7075734

ASAM Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment

(Draft)

Core dilemma: patients are denied admission and/or discharged from substance use treatment for exhibiting symptoms of the disease for which they need treatment

American Society of Addiction Medicine. Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment. May 2024 (Draft). http://bit.ly/EngagementASAM

ASAM Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment

(Draft)

1. Cultivate patient trust by creating a welcoming, nonjudgmental, and trauma-sensitive environment
2. Do not require abstinence as a condition of treatment initiation or retention
3. Implement clinical strategies to optimize patient engagement and retention
4. Only administratively discharge patients from treatment as a last resort
5. Seek to re-engage individuals who disengage from care

American Society of Addiction Medicine. Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment. May 2024 (Draft). http://bit.ly/EngagementASAM

ASAM Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment

(Draft)

6. Build connections to people with SUD who are not currently seeking treatment
7. Cultivate staff buy-in
8. Prioritize retention of front-line staff
9. Align program policies and procedures with the commitment to improve engagement and retention of all patients, including non-abstinent patients
10. Measure progress and strive for continuous improvement of engagement and retention

American Society of Addiction Medicine. Clinical Considerations for Engagement and Retention of Non-Abstinent Patients in Treatment. May 2024 (Draft). http://bit.ly/EngagementASAM

Reaching the 95% (R95) Initiative

- **Fundamentally, we need to take a different approach to address SUDs to substantively increase our reach into the 95% and increase our treatment penetration rates.**

- **Data demonstrates that we will be unlikely to substantively increase the people we serve without focusing on engaging this 95%.**

- **The R95 Initiative was launched by the Los Angeles County Department of Public Health's Substance Abuse Prevention and Control (DPH-SAPC) in 2023 to focus on needed CULTURE CHANGE WITHIN THE SPECIALTY SUD SYSTEM to shape the way that we think about and treat those with SUD.**
  - Key Goals
    1. Optimizing Outreach & Engagement
    2. Establishing Lower Barriers to SUD Care

Expanding Reach

- **DPH-SAPC operates the <u>specialty</u> SUD system**
  - While specialists are important in care delivery, they are not the only providers of care and it's important to enlist a broad network of entities to help ensure access to needed services (primary care, caregivers, etc).

- **With a condition such as SUD where most of the people with the condition aren't seeking out services, we need to leverage every possible avenue to help engage people with SUD, most importantly those who spend the most time with them.**
  - e.g., housing providers, primary case managers outside the SUD system, teachers, caregivers, primary care, etc.

Specialty SUD Providers : SUD

~

Cardiology : High blood pressure or cholesterol

~

Endocrinology : Diabetes

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

http://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

Implicit bias

Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner

A group of researchers used a “Go-No Go” task to test implicit bias (positive or negative response) toward language used for substance use disorders

Ashford, RD, Brown. AM & Curtis, B (2018): The Language of Substance Use and Recovery: Novel Use of the Go/No–Go Association Task to Measure Implicit Bias. Health Communication.

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)

Findings

Negative

- Substance Abuser
- Relapse
- Medication-Assisted Treatment
- Overdose
- Addict
- Alcoholic
- Opioid Addict

Positive

- Person who uses substances
- Recurrence of use
- Pharmacotherapy
- Accidental drug poisoning
- Person with a substance use disorder.

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)

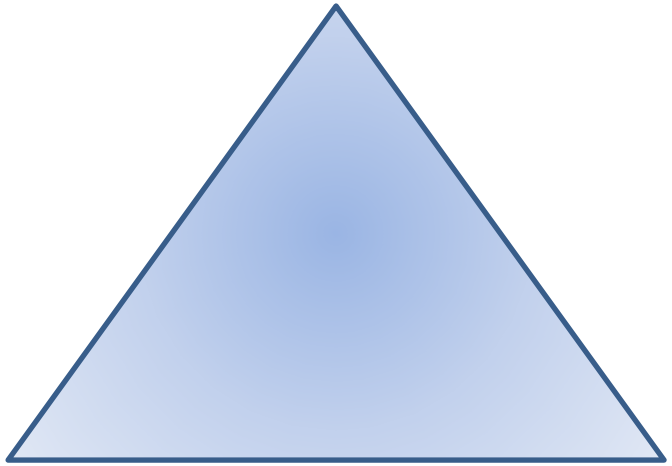
Recommendations

- Avoid labeling
- Receive training to help you become aware of unconscious biases and increase your knowledge and understanding.
- Use person first language (avoid stigmatizing language)
- Create an atmosphere that is supportive with zero tolerance for discrimination.
- Acknowledge patients' significant others and encourage their support and participation in prevention and treatment programs.

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)

Core Components of Addiction Treatment

*Medications



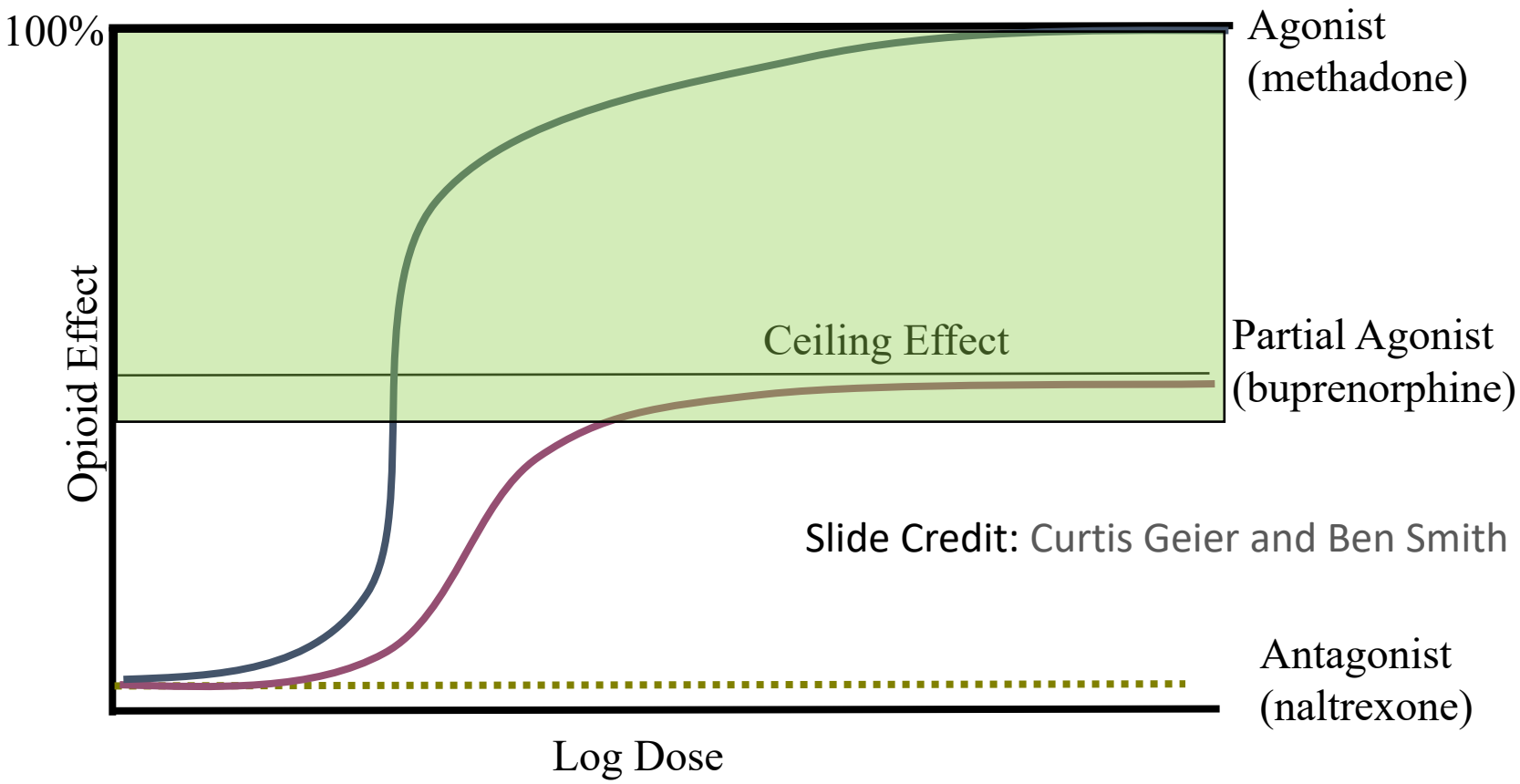
*Counseling

*Support

*When appropriate

Source: https://www.samhsa.gov/treatment

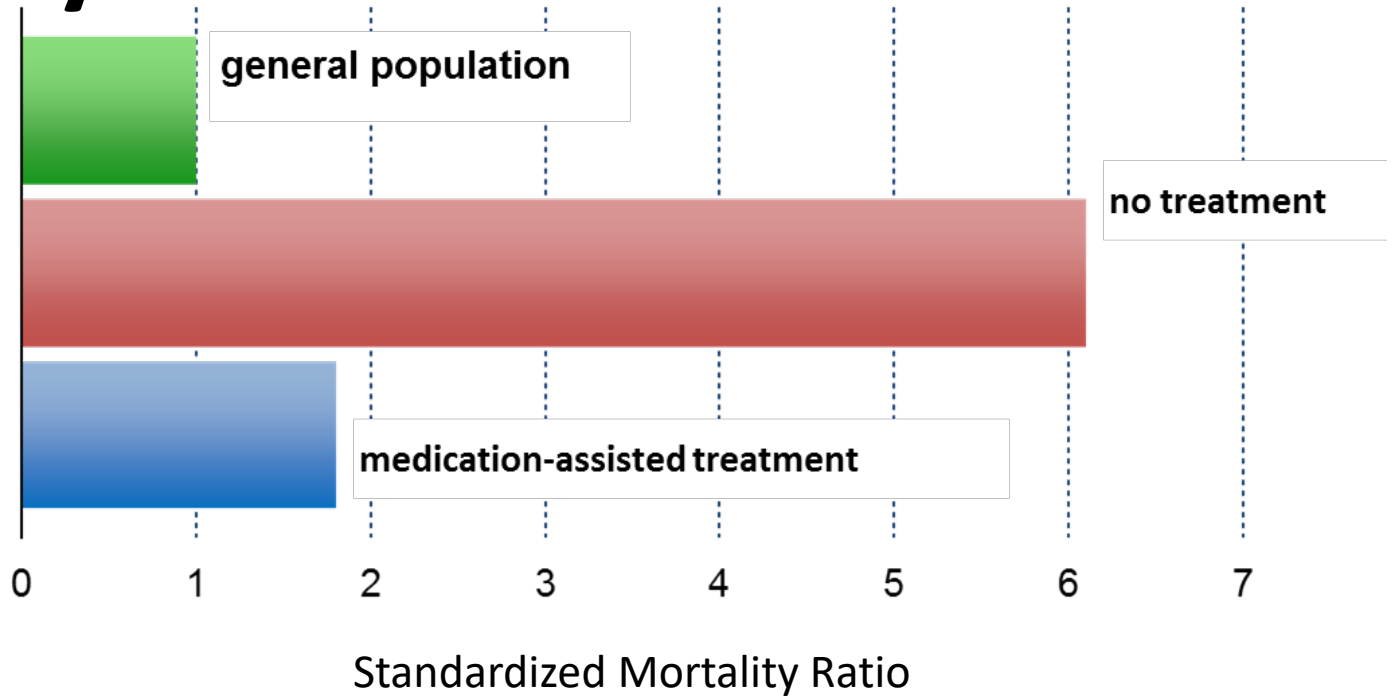
Buprenorphine & Methadone Pharmacokinetics



Slide Credit: Curtis Geier and Ben Smith

Benefits of Medications for Opioid Use Disorder: Decreased Mortality

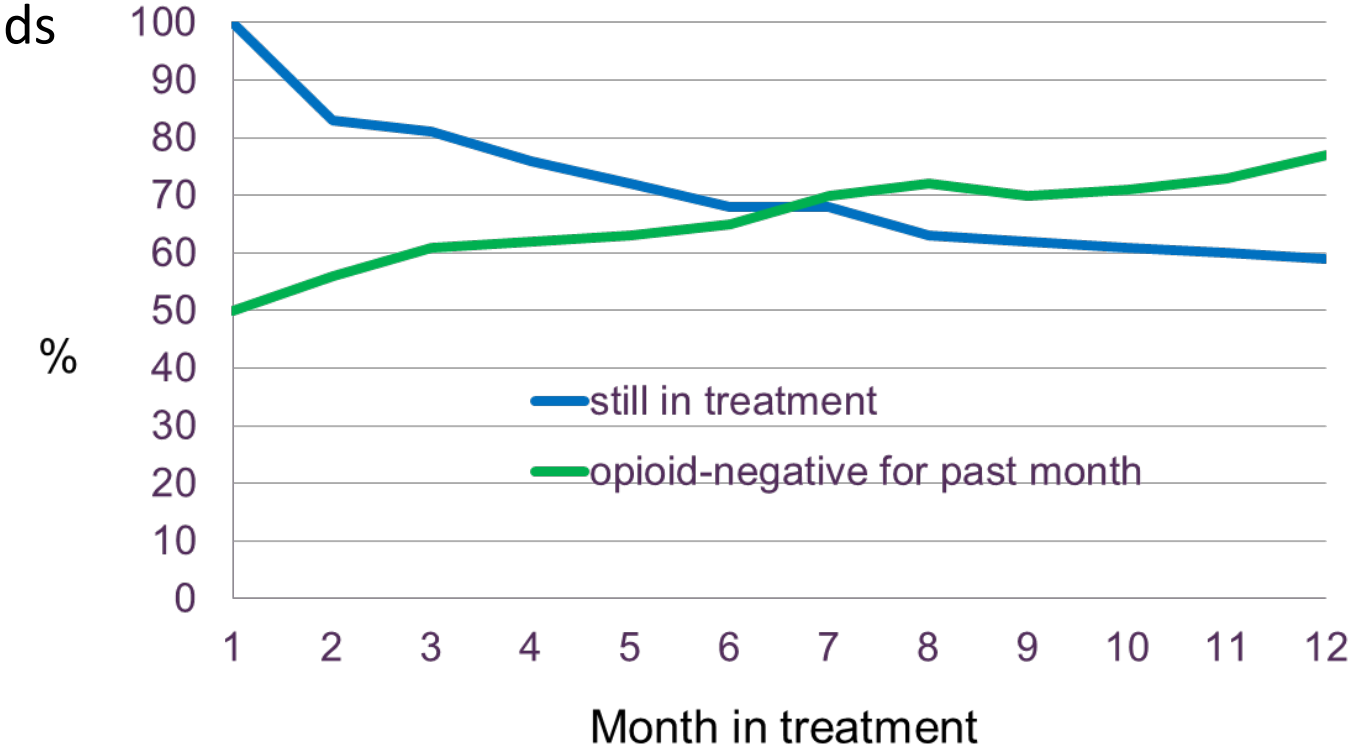
Death rates:



Dupouy et al., 2017
Evans et al., 2015
Sordo et al., 2017

Treatment Retention and Decreased Illicit Opioid Use on MAT

- Buprenorphine promotes retention, and those who remain in treatment become more likely over time to abstain from other opioids



Kakko et al, 2003
Soeffing et al., 2009

Why Not Detoxification?

POST-DETOXIFICATION RELAPSE RATES APPROACH 100% WITHIN THE FIRST 90 DAYS FOLLOWING COMPLETION OF DETOXIFICATION.

Slide Credit: Larissa Mooney, M.D.

Incarcerated Individuals

- 77 percent of incarcerated individuals with an OUD relapse to opioid use within three months of release (even after participating in a counseling program) without addiction medications.

SAMHSA (2019). **Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States.** http://store.samhsa.gov/product/Medication-Assisted-Treatment-MAT-in-the-Criminal-Justice-System-Brief-Guidance-to-the-States/PEP19-MATBRIEFCJS

Medication FIRST Model

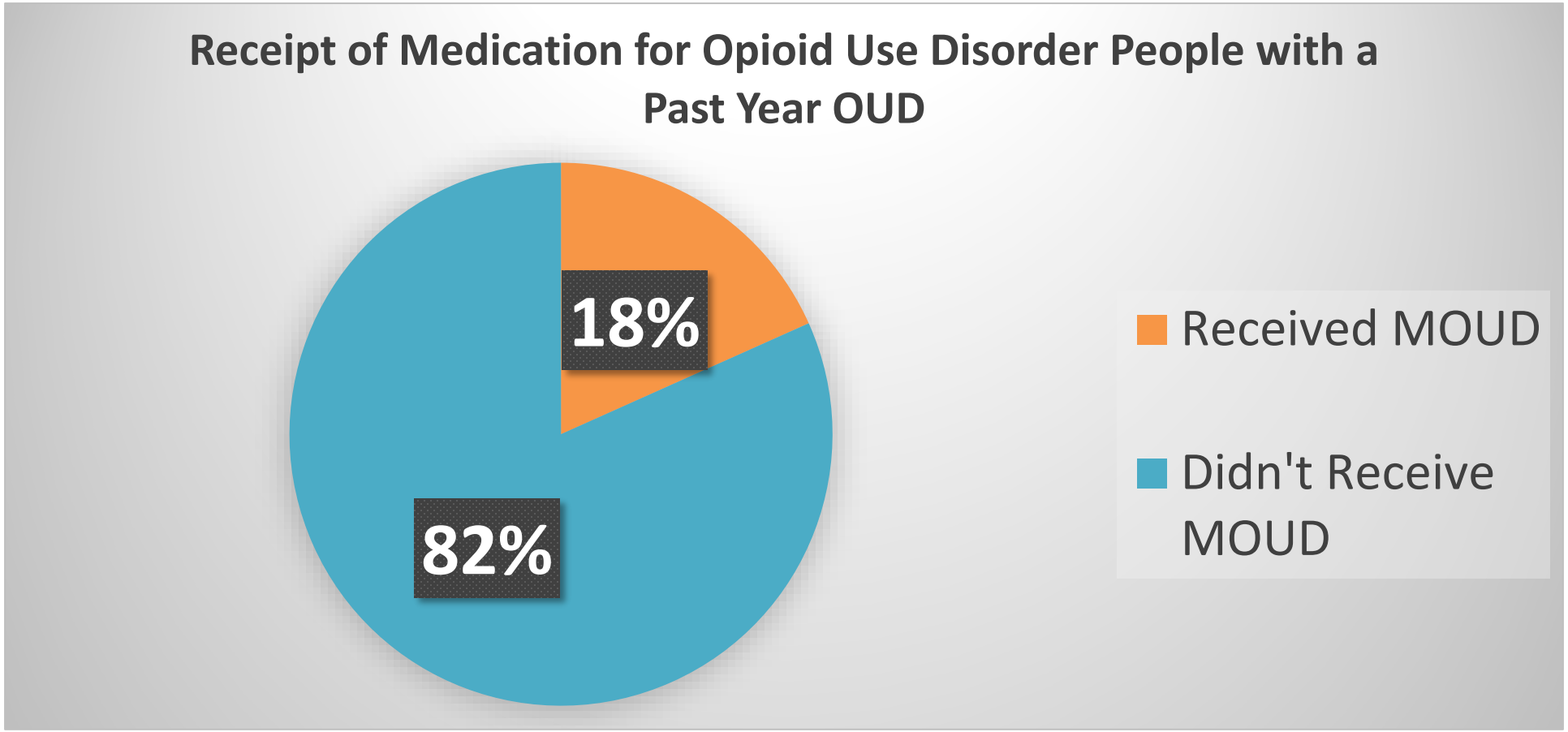
- People with OUD receive pharmacotherapy treatment as quickly as possible, prior to lengthy assessments or treatments planning sessions;
- Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits;
- Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy;
- Pharmacotherapy is discontinued only if it is worsening the person's condition.

http://www.nomodeaths.org/medication-first-implementation

Medication FIRST Model

- Medication *first* ***does not mean*** Medication *only*
- Medication is contingent upon the pt's benefit, not based upon a timeframe, patient's participation in counseling, an unexpectedly positive test result, etc

http://www.nomodeaths.org/medication-first-implementation



Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

Buprenorphine Formulations for Opioid Use Disorder

Content	Route	Products	Available Doses	Equivalent Dose to 8mg Buprenorphine
With Naloxone	Sublingual	Film (suboxone)	2mg Bup/0.5mg Nx 4mg Bup/1mg Nx 8mg Bup/2mg Nx 12mg Bup/3mg Nx	8mg
		Tablet - Generic	2mg Bup/0.5mg Nx 8mg Bup/2mg Nx	
	Sublingual	Tablet - (Zubsolv®)	1.4mg Bup / 0.36mg Nx 2.9mg Bup / 0.7mg Nx 5.7mg Bup / 1.4mg Nx 8.6mg Bup / 2.1mg Nx 11.4mg Bup / 2.6mg Nx	5.7 mg
	Buccal	Film (Bunavail®)	2.1mg Bup / 0.3mg Nx 4.2mg Bup / 0.7mg Nx 6.3mg Bup / 1mg Nx	4.2mg
Mono-product	Sublingual	Tablet - Generic	2mg Bup 8mg Bup	8mg
	[redacted]	[redacted]	[redacted]	[redacted]
	Injection	sublocade	100mg, 300mg (Once-monthly injection)	300 mg: First dose 100mg: Steady state dose
	Injection	brixadi	128mg, 96mg, 64mg monthly injections 32mg, 24mg, 16mg, 8mg weekly injections	Equivalent to 16mg weekly; 64mg monthly

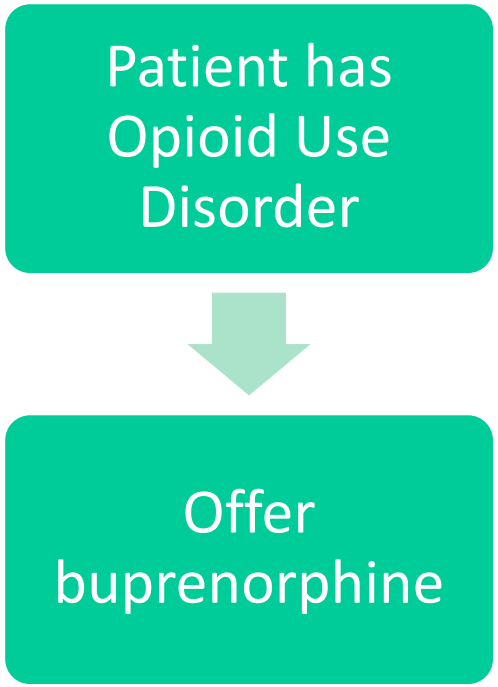
MOUD Expansion at LAC CHS

Matt Sexter, MD

Clinical Director of Addiction Medicine- LAC CHS

(no disclosures)

Algorithm for MOUD Clinical Decision Making




Long-Acting Injectable
Buprenorphine for
Opiate Use Disorder
(Sublocade®)

ER Buprenorphine Injection

Advantages

- Only once per month
  - **Less staff needed to administer compared to a daily controlled med**
  - **Patients will be protected when they leave jail to the community**
  - Better adherence
- Eliminates diversion

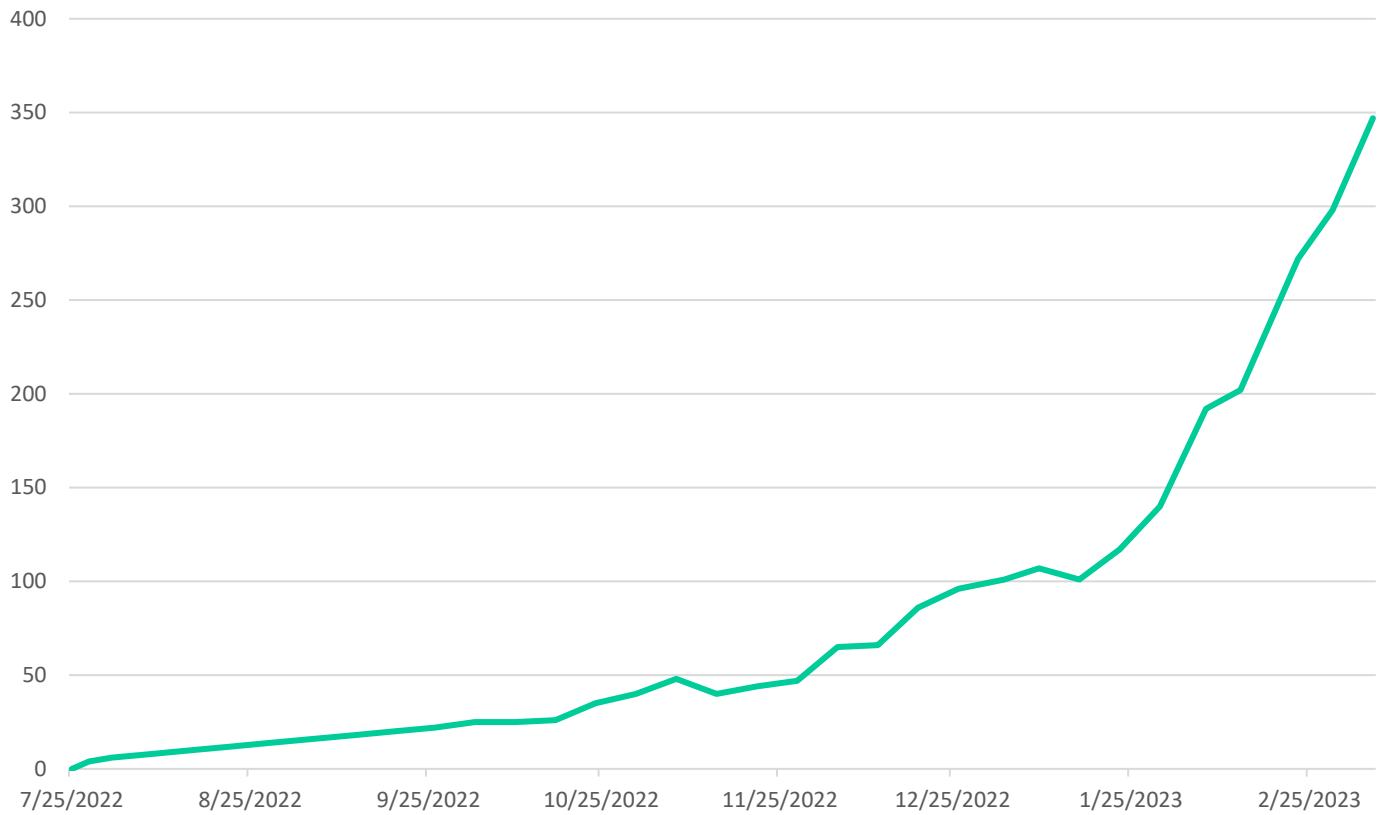
Disadvantages

- Pain from Injection
- Less popular with patients

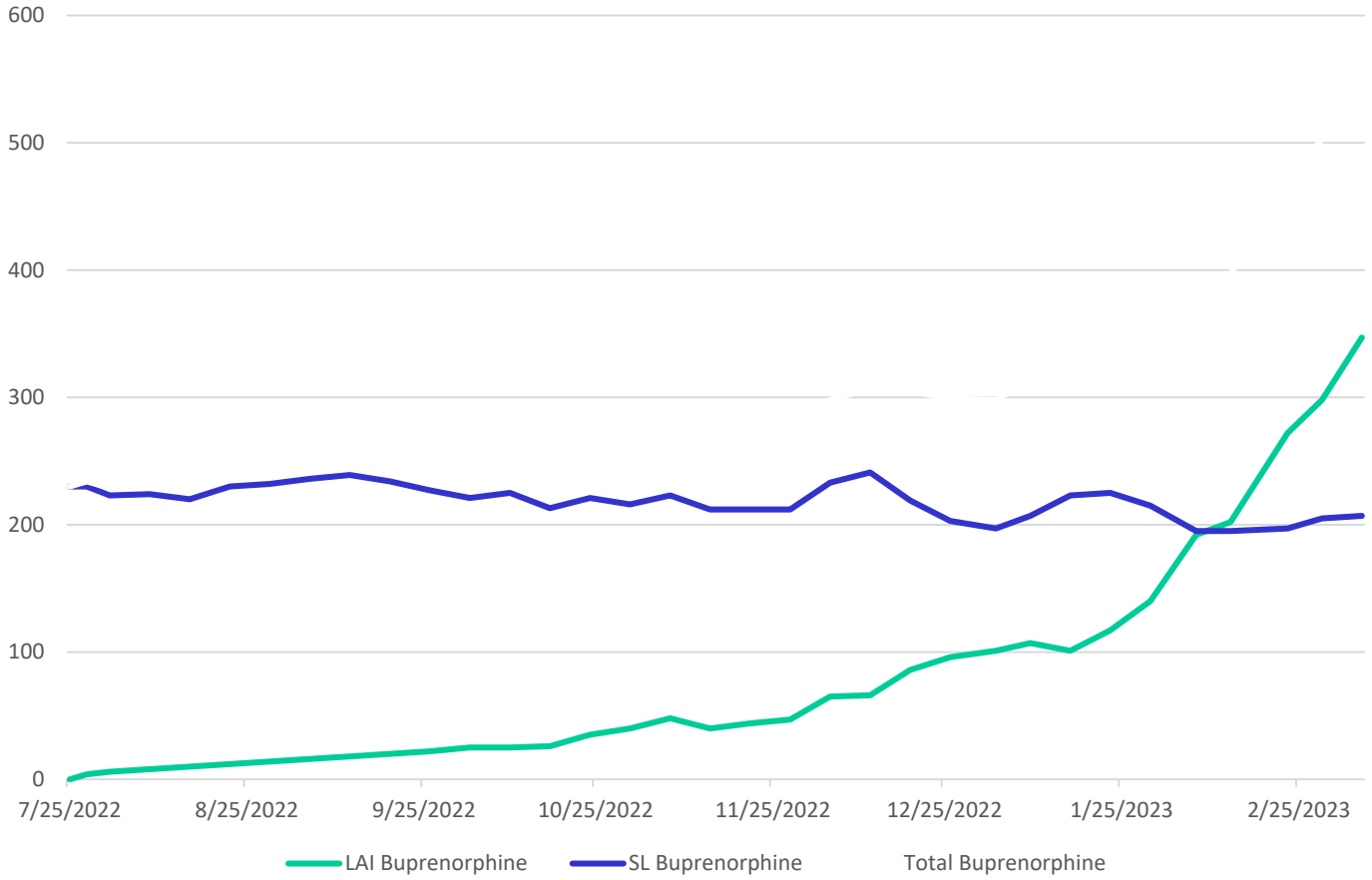
Follow up

- Generally well-tolerated
  - “Thank you for giving me this treatment!”
- Possible complaints
  - Irritation at injection site, “allergic reaction”
  - Persistent pain
  - Withdrawal/cravings
  - Urinary retention
  - Fatigue
  - “I need to switch back to suboxone”

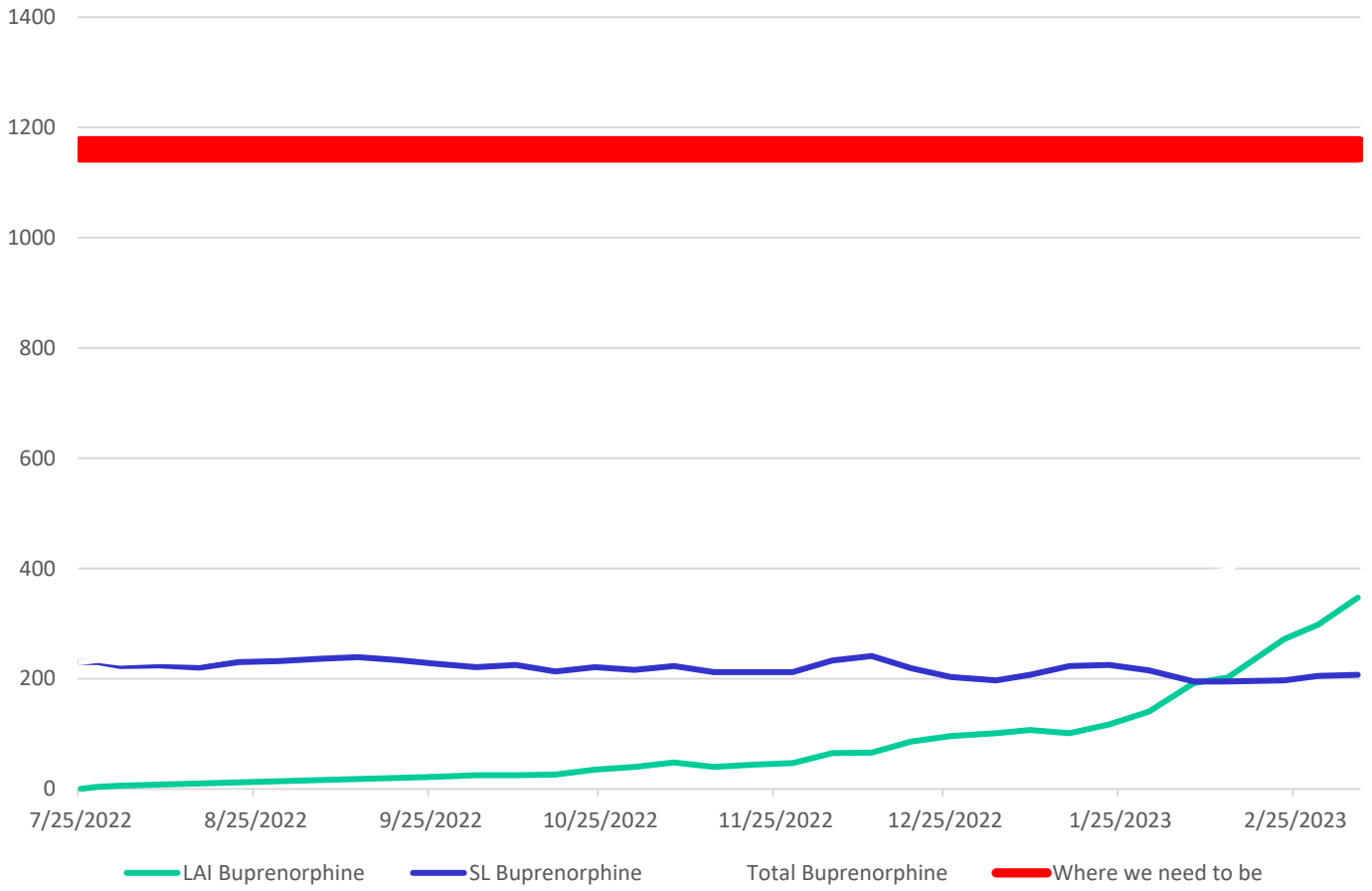
ER Buprenorphine Injection in CHS Patients Currently in Treatment



Total Buprenorphine at CHS



Where We Need to Be



In Opioid Use Disorder:
Adding psychosocial support does not change the effectiveness of retention in treatment and opiate use during treatment.

Amato L, Minozzi S, Davoli M, Vecchi S. Psychosocial combined with agonist maintenance treatments versus agonist maintenance treatments alone for treatment of opioid dependence. Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD004147. DOI: 10.1002/14651858.CD004147.pub4

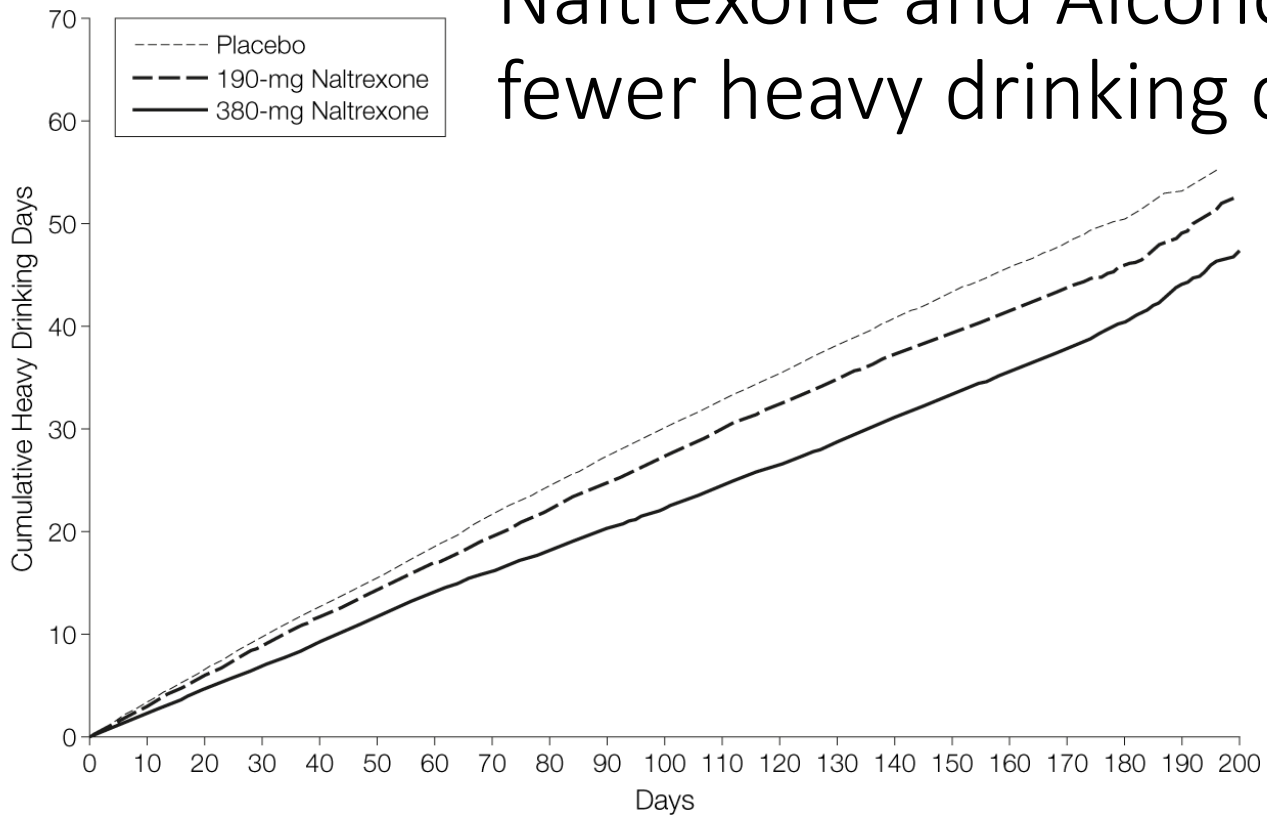
Alcohol Use Disorder (AUD) Pharmacotherapy

Medications for AUD have different mechanisms of action:

- Discourage drinking by creating unpleasant association with alcohol
  - *Aversive effect (i.e. "punishment")*
- Block or reduce euphoria from alcohol
  - *Reduce positive reinforcement*
- Reduce post-acute withdrawal
  - *Negative reinforcement*

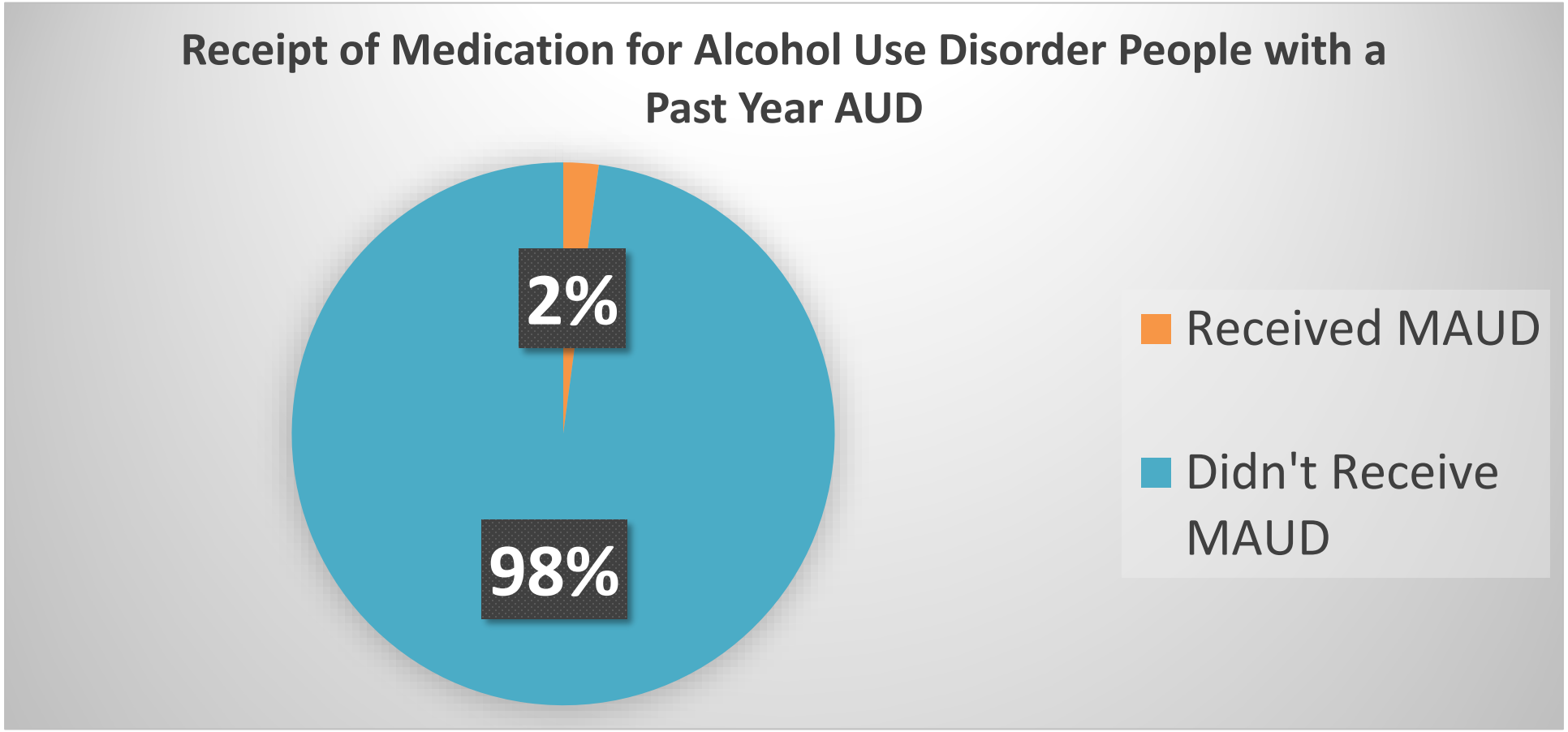
Slide Credit: Larissa Mooney, M.D.

Naltrexone and Alcohol: fewer heavy drinking days



Treatment Dose	1	2	3	4	5	6
No. of Patients						
Placebo	209	194	169	160	142	134
Naltrexone						
190 mg	210	187	169	156	144	137
380 mg	205	186	161	147	139	130

Garbutt, J. C., Kranzler, H. R., O'Malley, S. S., Gastfriend, D. R., Pettinati, H. M., Silverman, B. L., ... & Vivitrex Study Group. (2005). Efficacy and tolerability of long-acting injectable naltrexone for alcohol dependence: a randomized controlled trial. *Jama*, *293*(13), 1617-1625.



Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

The ASAM/AAAP

CLINICAL PRACTICE GUIDELINE ON THE

Management of Stimulant Use Disorder

http://www.asam.org/quality-care/clinical-guidelines/stimulant-use-disorders

DHCS

Services | Individuals | Providers & Partners | Laws & Regulations | Data & Statistics | Forms & Publications | Search

Recovery Incentives: California's Contingency Management Program

Update on the Recovery Incentives Program- January 2023

On August 19, 2022, DHCS issued a RFP to support the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) contingency management (CM) pilot program. Through the pilot, DHCS is committed to expanding access to evidence-based behavioral treatment to address the stimulant use disorder crisis that persists in California. CM, which provides motivational incentives to reduce the use of stimulants, is the only treatment that has demonstrated strongly positive outcomes for individuals with stimulant use disorder, including a reduction in or cessation of drug use and longer retention in treatment.

DHCS will implement the CM pilot program using an incentive manager vendor. In November 2022, DHCS issued a Notice of Intent to Award to Pear Therapeutics, Inc. The Recovery Incentives Program is expected to launch in the first quarter of 2023.

What is Contingency Management?

http://www.dhcs.ca.gov/Pages/DMC-ODS-Contingency-Management.aspx

Contingency Management (CM)

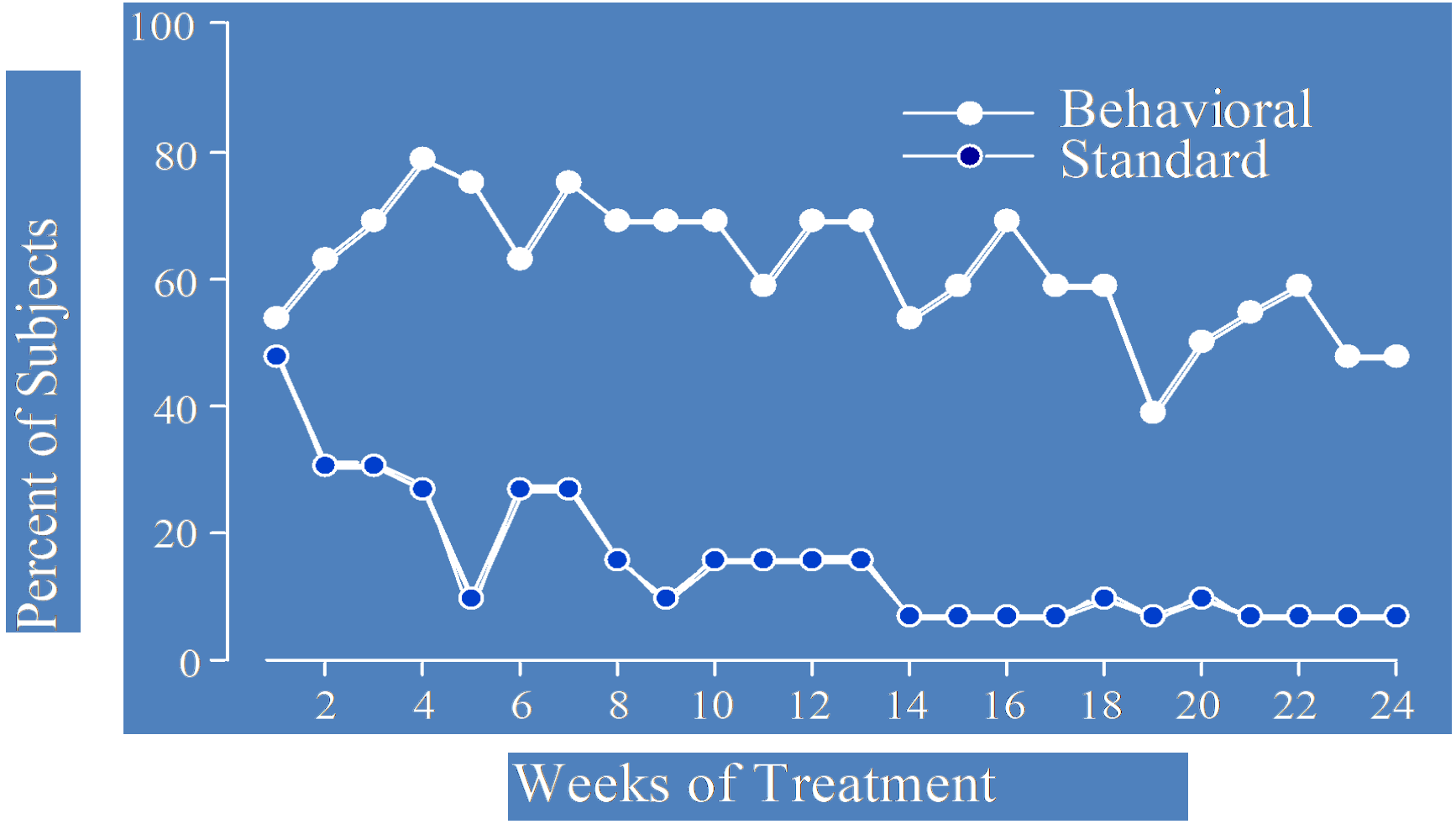
- Basic Assumptions of CM
  - Substance use can be reduced using operant conditioning
  - Useful in promoting treatment retention and adherence
  - Incentives for negative urine tests useful in decreasing drug use

Contingency Management (CM)

- Key Concepts
  - Behavior to be modified (e.g. stimulant use) must be objectively measured
  - Behavior to be modified (e.g. urine toxicology tests) must be monitored frequently
  - Reinforcement must be immediate
  - Penalties for unsuccessful behavior (e.g. +UDS) include withholding the reinforcer

http://www.dhcs.ca.gov/Pages/DMC-ODS-Counties-Participating-in-the-Incentives-Recovery-Program.aspx

Voucher Incentives for Cocaine Use Disorder



Higgins ST, Budney AJ, Bickel WK, Foerg FE, Donham R, Badger GJ. Incentives improve outcome in outpatient behavioral treatment of cocaine dependence. Arch Gen Psychiatry. 1994 Jul;51(7):568-76. doi: 10.1001/archpsyc.1994.03950070060011. PMID: 8031230. Slide Credit: Maxine Stitzer, Ph.D. ctndisseminationlibrary.org/PPT/485Stitzer.ppt

Medications for Stimulant Use Disorder (MAT for StimUD)

- Pharmacotherapies, including psychostimulant medications, may be utilized off-label to treat StUD.
- When prescribing controlled medications, clinicians should closely monitor patients and perform regular ongoing assessment of risks and benefits for each patient.
- Psychostimulant medications should only be prescribed to treat StUD by:
  - Physician specialists who are board certified in addiction medicine or addiction psychiatry; and
  - Physicians with commensurate training, competencies, and capacity for close patient monitoring.

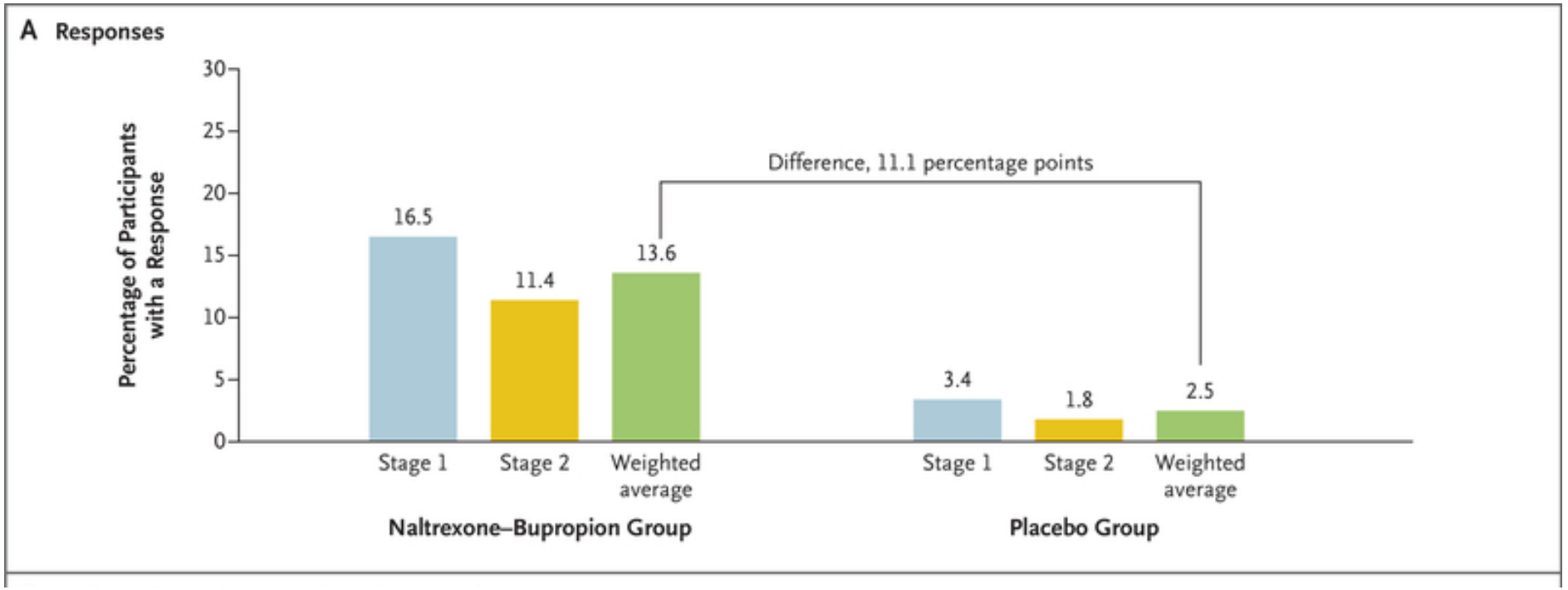
Medications for Methamphetamine Use Disorder

(none are FDA approved for the indication of StimUD)

- ER Naltrexone injection and high dose bupropion
- Mirtazapine (two small studies)
- Bupropion (low-level users who will adhere)
- Topiramate (low-level users)

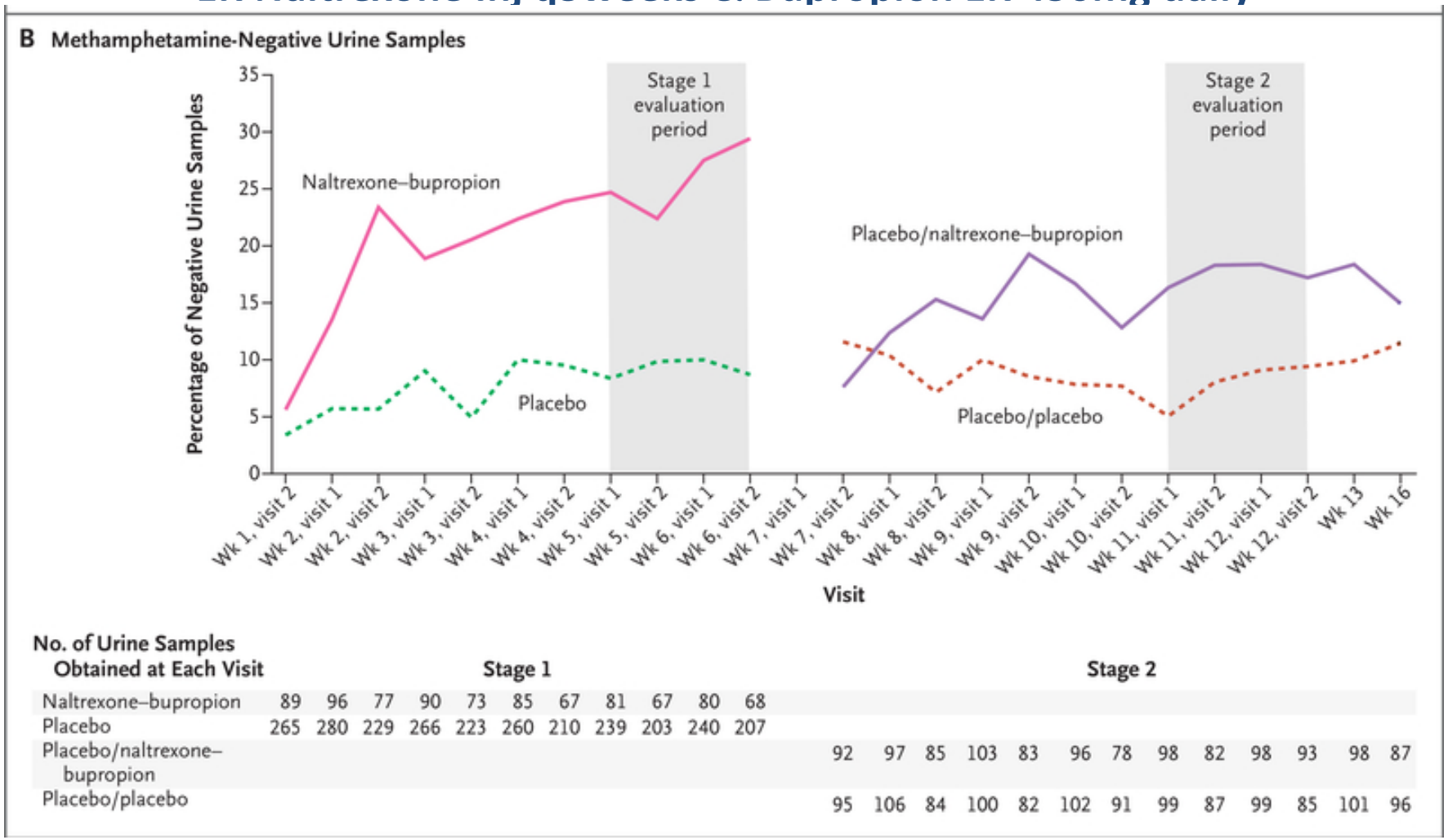
- Methylphenidate (moderate to high dose in frequent users/those with ADHD)

ER Naltrexone Inj q3weeks & Bupropion ER 450mg daily



Trivedi MH, Walker R, Ling W, Dela Cruz A, Sharma G, Carmody T, Ghitza UE, Wahle A, Kim M, Shores-Wilson K, Sparenborg S, Coffin P, Schmitz J, Wiest K, Bart G, Sonne SC, Wakhlu S, Rush AJ, Nunes EV, Shoptaw S. Bupropion and Naltrexone in Methamphetamine Use Disorder. N Engl J Med. 2021 Jan 14;384(2):140-153. doi: 10.1056/NEJMoa2020214. PMID: 33497547; PMCID: PMC8111570.
http://www.ncbi.nlm.nih.gov/pmc/articles/pmid/33497547

ER Naltrexone Inj q3weeks & Bupropion ER 450mg daily



No. of Urine Samples Obtained at Each Visit	Stage 1											Stage 2												
Naltrexone–bupropion	89	96	77	90	73	85	67	81	67	80	68													
Placebo	265	280	229	266	223	260	210	239	203	240	207													
Placebo/naltrexone–bupropion												92	97	85	103	83	96	78	98	82	98	93	98	87
Placebo/placebo												95	106	84	100	82	102	91	99	87	99	85	101	96

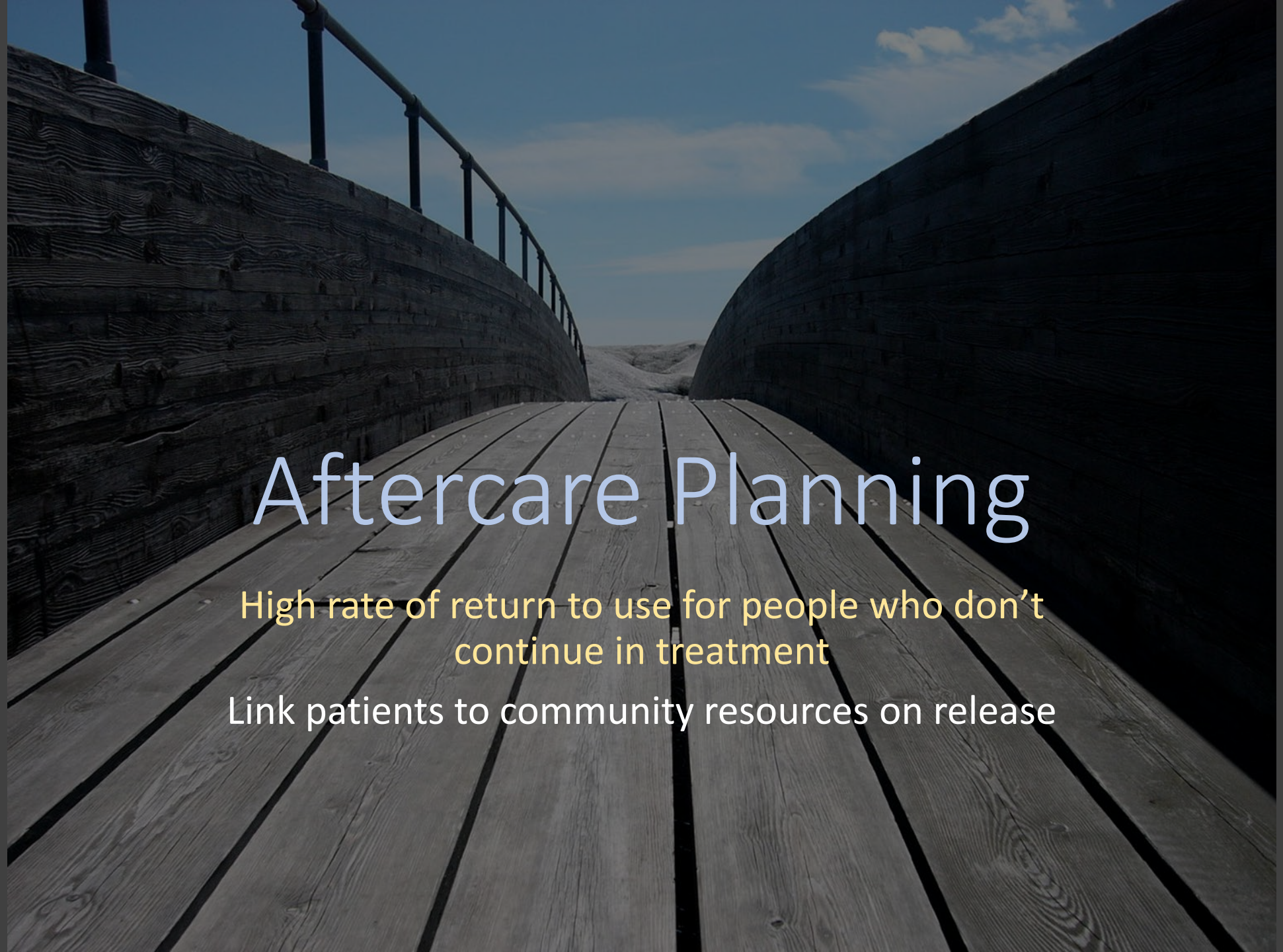
Trivedi MH, Walker R, Ling W, Dela Cruz A, Sharma G, Carmody T, Ghitza UE, Wahle A, Kim M, Shores-Wilson K, Sparenborg S, Coffin P, Schmitz J, Wiest K, Bart G, Sonne SC, Wakhlu S, Rush AJ, Nunes EV, Shoptaw S. Bupropion and Naltrexone in Methamphetamine Use Disorder. N Engl J Med. 2021 Jan 14;384(2):140-153. doi: 10.1056/NEJMoa2020214. PMID: 33497547; PMCID: PMC8111570.
http://www.ncbi.nlm.nih.gov/pmc/articles/pmid/33497547

Medications for Cocaine Use Disorder

(none are FDA approved for the indication of StimUD)

- Bupropion (works best when combined with CM)
- Topiramate (low-level users)

- Modafinil (if the client does not have alcohol use disorder)
- Combination of Mixed Amphetamine Salts-Extended Release and Topiramate
- Mixed Amphetamine Salts-Extended Release



Aftercare Planning

High rate of return to use for people who don't continue in treatment

Link patients to community resources on release

Residential SUD Treatment

The ASAM Criteria and Medical Necessity for Length of Stay

Residential Treatment and Length of Stay

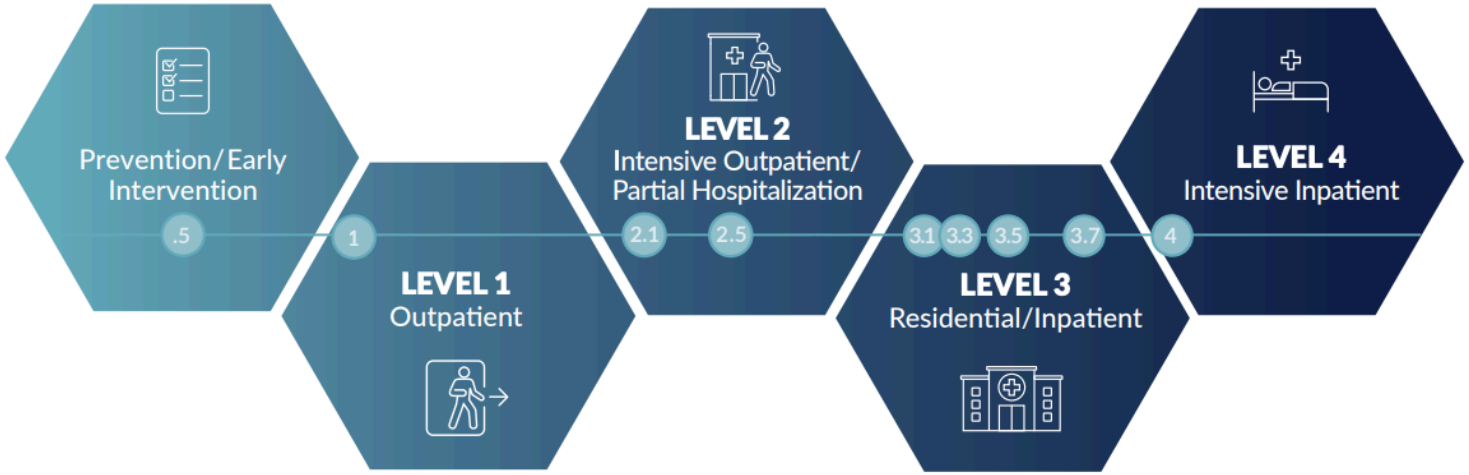
- Longer time in treatment → better treatment outcomes[1]
- It is <u>not</u> duration of *residential treatment* per se that is associated with reduced relapse risk
- Rather: matching characteristics of the patients to the level of care that best meets their needs for as long as they need it
- Residential SUD treatment should be as long as medical necessary
  - Medical necessity is based on **ASAM Criteria**
- For adults in LA County, DPH-SAPC authorizes an initial 60 days of residential treatment that can be renewed every 30 days based upon the patient meeting medical necessity for ongoing residential treatment. There is no absolute cap on the duration of residential treatment.

1. Andersson HW, Wenaas M, Nordfjærn T. Relapse after inpatient substance use treatment: A prospective cohort study among users of illicit substances. Addict Behav. 2019 Mar;90:222-228. doi: 10.1016/j.addbeh.2018.11.008. Epub 2018 Nov 11. PMID: 30447514.

- The ASAM Criteria is a set of nationally-accepted and evidence-based guidelines for SUD treatment placement initially launched in 1991 followed by ongoing revisions.
- Supports medical necessity decision.
- Required by CA as the basis for Drug Medi-Cal funded SUD treatment.

1 https://www.asamcontinuum.org/knowledgebase/what-are-the-six-dimensions-of-the-asam-criteria/ Retrieved December 22, 2020
2 State Health & Values Strategies. (2019, November).

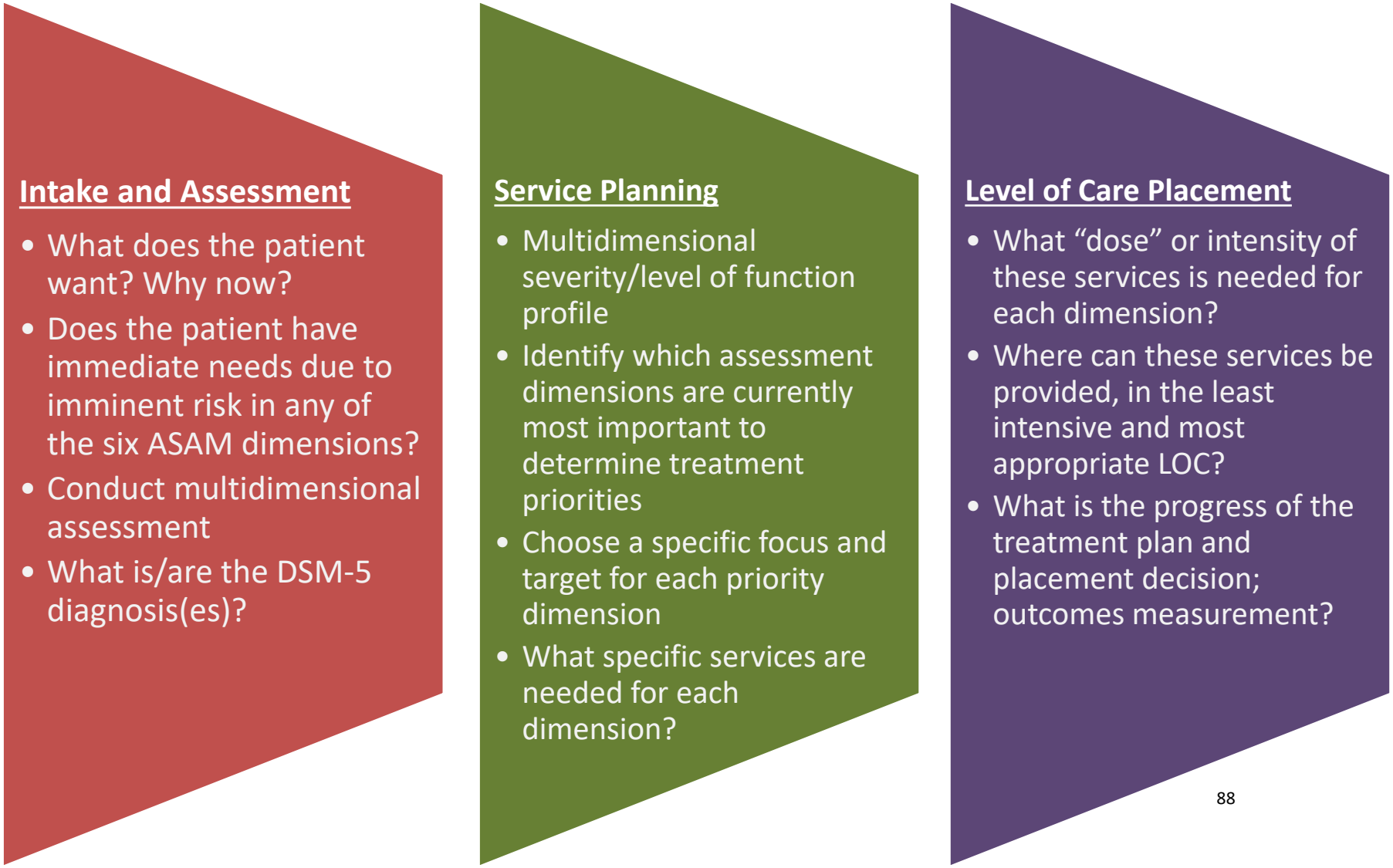
Addiction is a Chronic Disease → Continuum of Ongoing Care



.5 Early Intervention
1 Outpatient Services
2.1 Intensive Outpatient Services
2.5 Partial Hospitalization Services
3.1 Clinically Managed Low-Intensity Residential Services
3.3 Clinically Managed Population-Specific High-Intensity Residential Services
3.5 Clinically Managed High-Intensity Residential Services
3.7 Medically Monitored Intensive Inpatient Services
4 Medically Managed Intensive Inpatient Services

- Substance use disorder treatment requires a continuous care strategy
- This does not mean longer episodes of residential treatment or repeated residential admissions, but rather using the full continuum of levels of care
- Determination of when it is clinically appropriate to the next level of care is according to **ASAM Criteria**
- Clients step down to next level of care based on their treatment progress and readiness to continue recovery work at that level of care

1.Dennis M, Scott CK. Managing addiction as a chronic condition. Addict Sci Clin Pract. 2007 Dec;4(1):45-55. doi: 10.1151/ascp074145. PMID: 18292710; PMCID: PMC2797101.



Adapted from Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013) p. 124.

Impact of ASAM Criteria on SUD Treatment Outcomes

ASAM Criteria Based Placements (vs. usual assessment/placement)

- 25% - 300% reductions in no shows to next stage of treatment
- 30% reduction in dropout from treatment
- 3x improvement in addiction severity outcomes at 3 months
- 25% increase in numbers of patients ready for stepdown to the next level of care

1.Gastfriend DR, Mee-Lee D. Thirty Years of The ASAM Criteria: A Report Card. Psychiatr Clin North Am. 2022 Sep;45(3):593-609. doi: 10.1016/j.psc.2022.05.008. PMID: 36055741.

2.Stallvik M, Nordahl HM. Convergent validity of the ASAM criteria in co-occurring disorders. J Dual Diagn. 2014;10(2):68-78. doi: 10.1080/15504263.2014.906812. PMID: 25392248.

3.Stallvik, M., & Gastfriend, D. R. (2014). Predictive and convergent validity of the ASAM criteria software in Norway. Addiction Research & Theory, 22(6), 515-523.

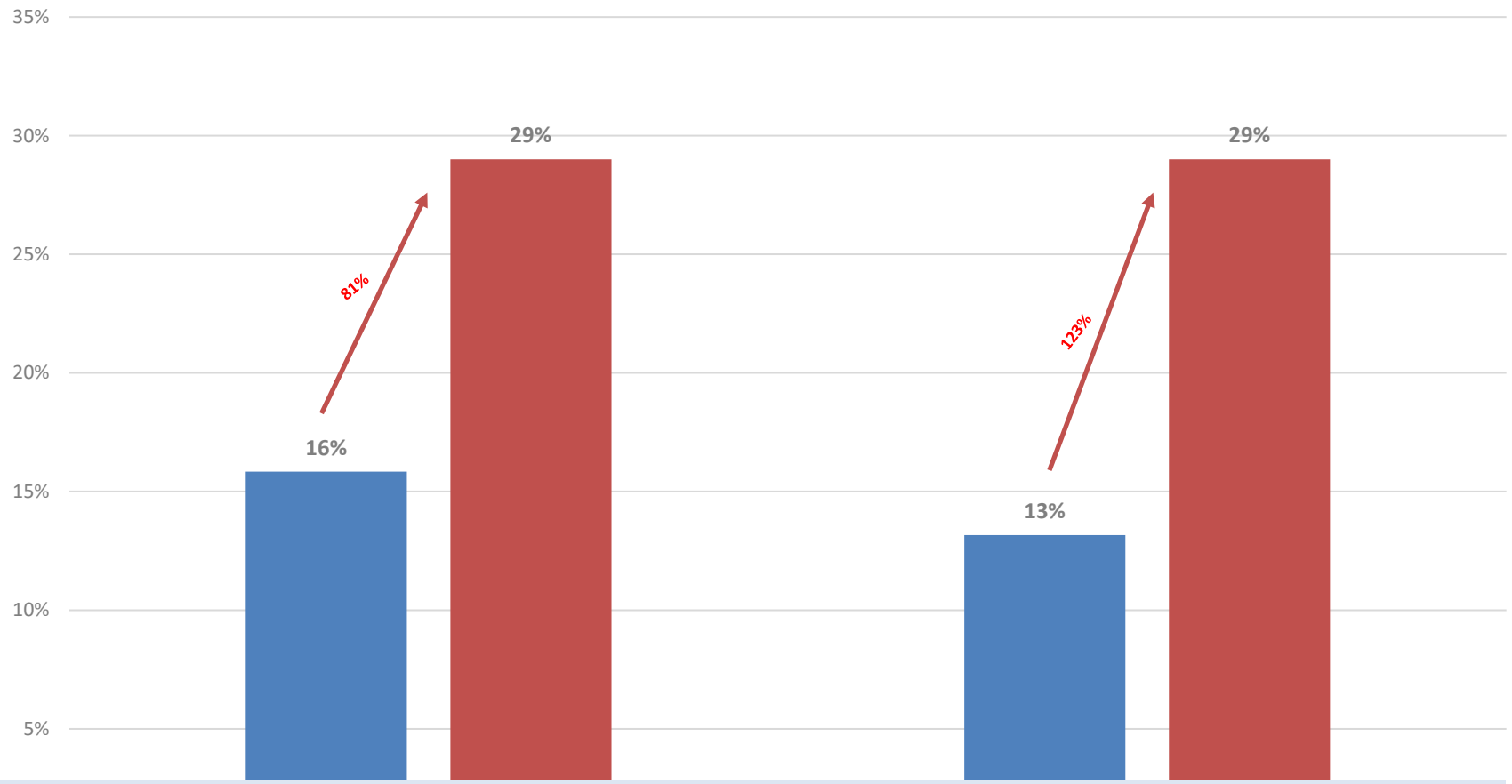
4.Proctor SL, Herschman PL. The continuing care model of substance use treatment: what works, and when is "enough," "enough?". Psychiatry J. 2014;2014:692423. doi: 10.1155/2014/692423. Epub 2014 Mar 27. PMID: 24839597; PMCID: PMC4007701.

5.Andersson HW, Wenaas M, Nordfjærn T. Relapse after inpatient substance use treatment: A prospective cohort study among users of illicit substances. Addict

ASAM Criteria and SUD Treatment

- Goal is more and longer treatment for each patient - **not less**
- National trend is toward lower duration of residential length of stay (LOS)
- With DMC-ODS: **123% increase** in patients transitioning from residential to outpatient levels of care
- DPH-SAPC **Recovery Bridge Housing** paired with outpatient treatment reduces the pressure on residential capacity while providing up to 180 days of interim housing while patients participate in ongoing non-residential care
- There is no fixed cap on residential LOS
  - CA statewide average of 30-day residential LOS and patients requiring longer LOS are approved based on medical necessity
  - DPH SAPC already approves adults for 60-days of residential care upfront, but:
    - Average residential LOS is <50 days
    - Over half of patients aren't staying for their full authorization period
    - Increasing numbers of patients are stepping down to a lower LOC

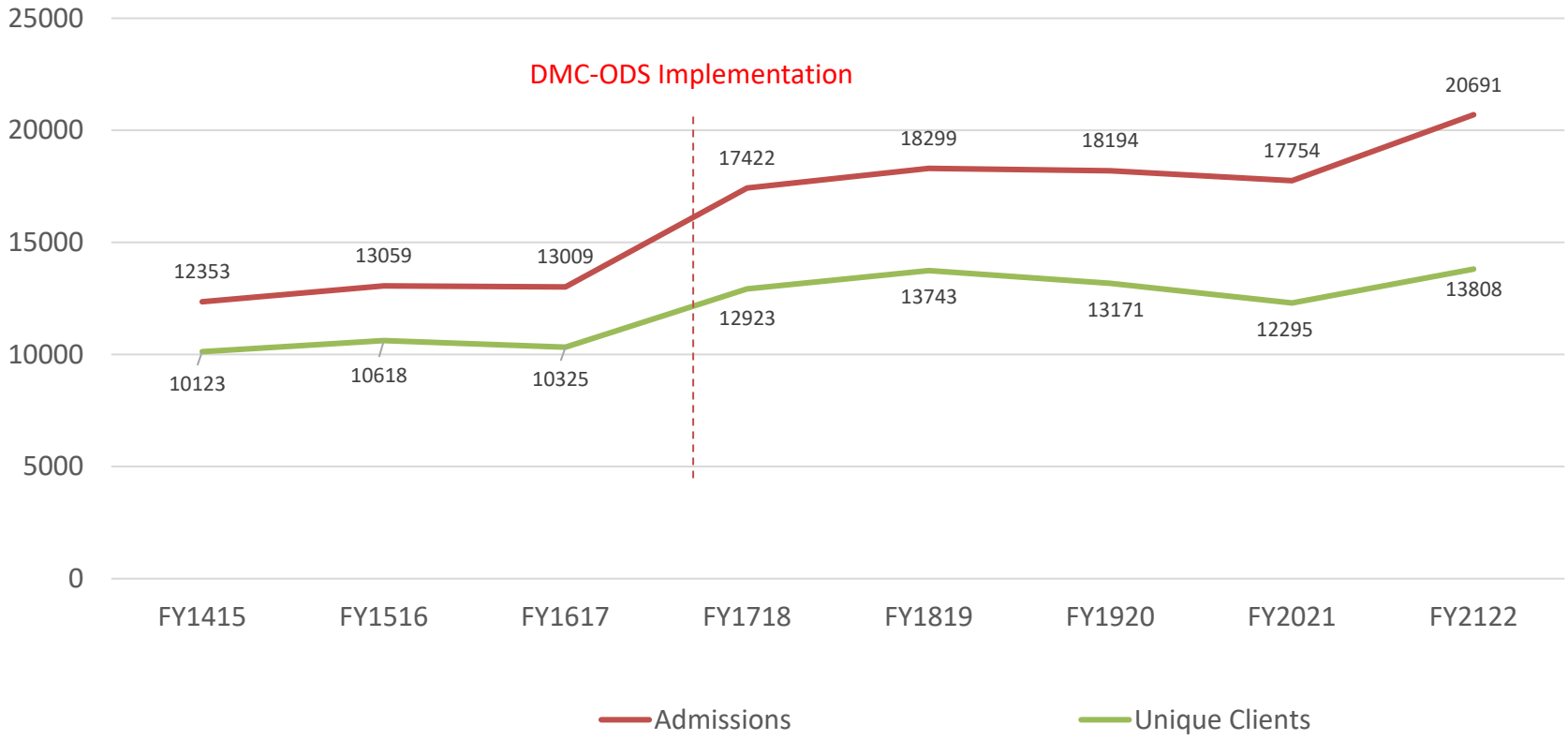
Transition of Care to Ongoing Nonresidential Treatment



Compared to pre-DMC-ODS (FY1617):

- **81% increase** in the percent of patients who received more than 1 Level of Care (LOC) in FY2122
- **123% increase** in the percent of patients who transitioned to a lower Level of Care (LOS)/Continuum of Care in FY2122

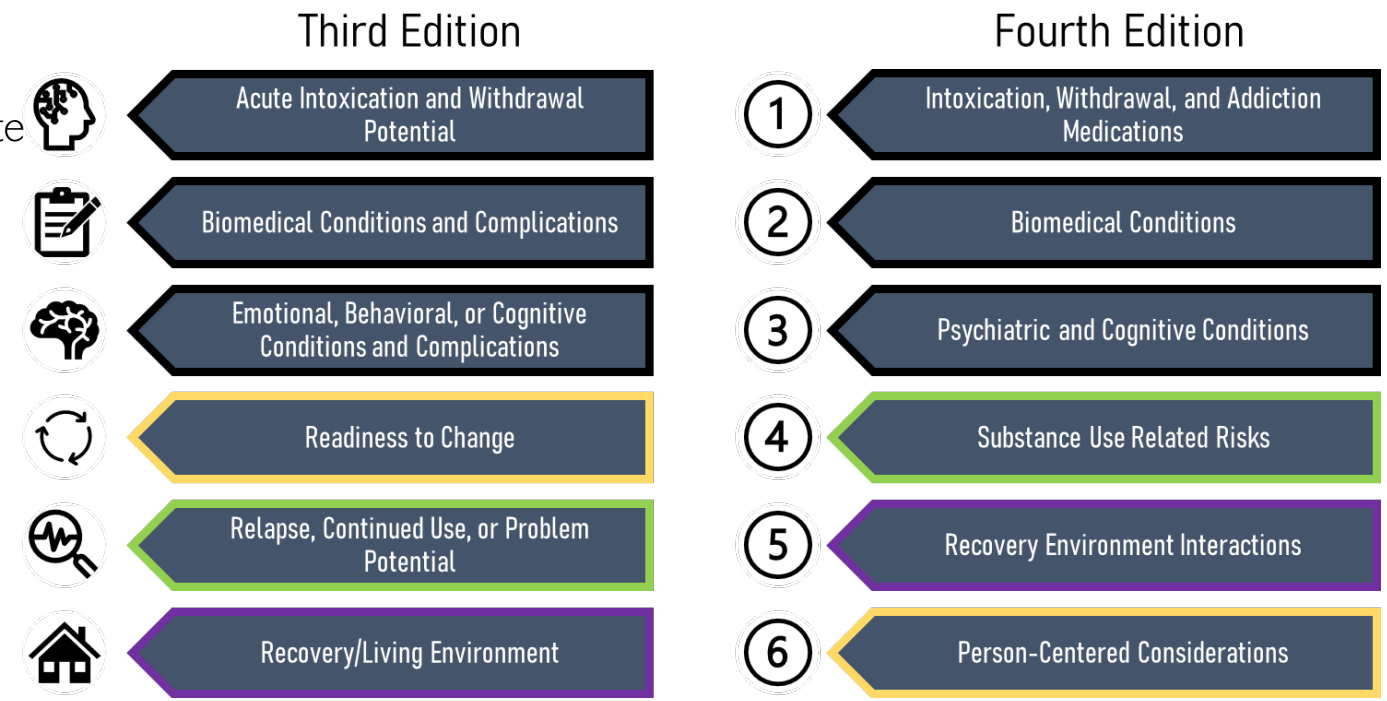
Number of Patients / Admissions Served in Residential Programs by Fiscal Year



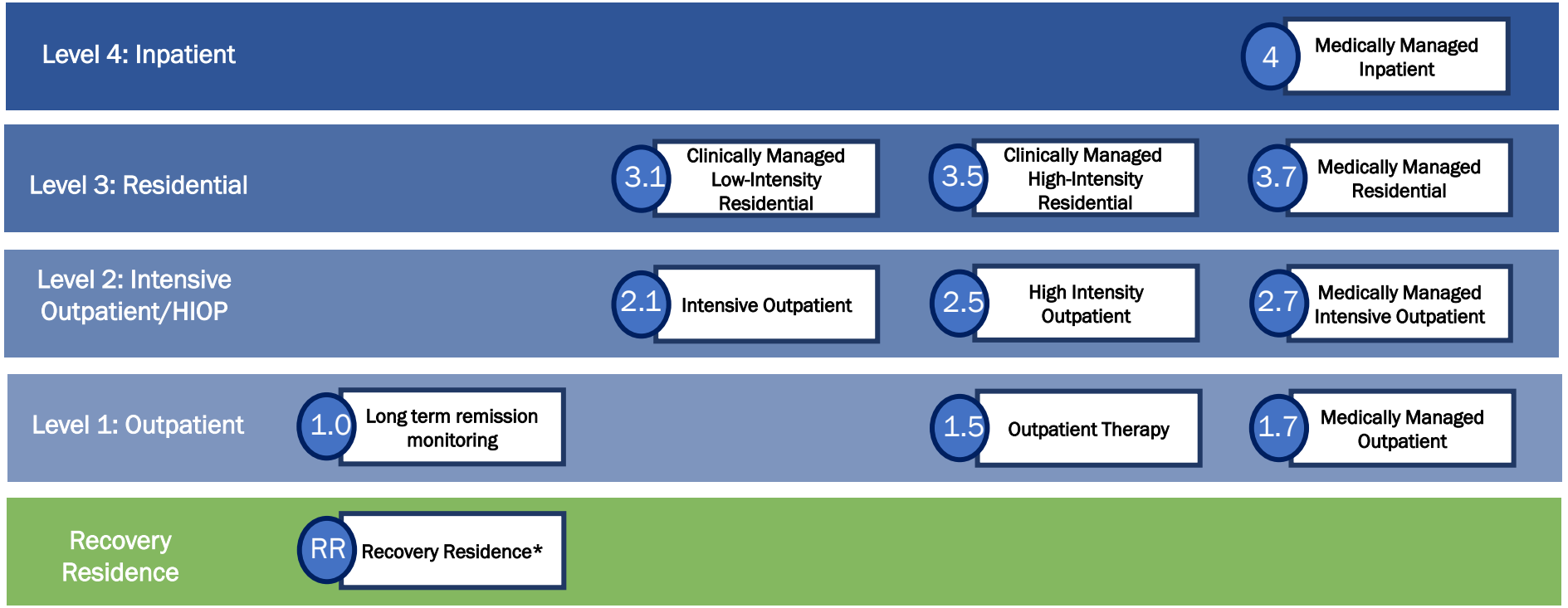
Data Source: Los Angeles County Participant Reporting System data/California Outcome Measurement System, Los Angeles County Department of Public Health/Substance Abuse Prevention and Control

ASAM Criteria 4th Edition: Reordering the Dimensions

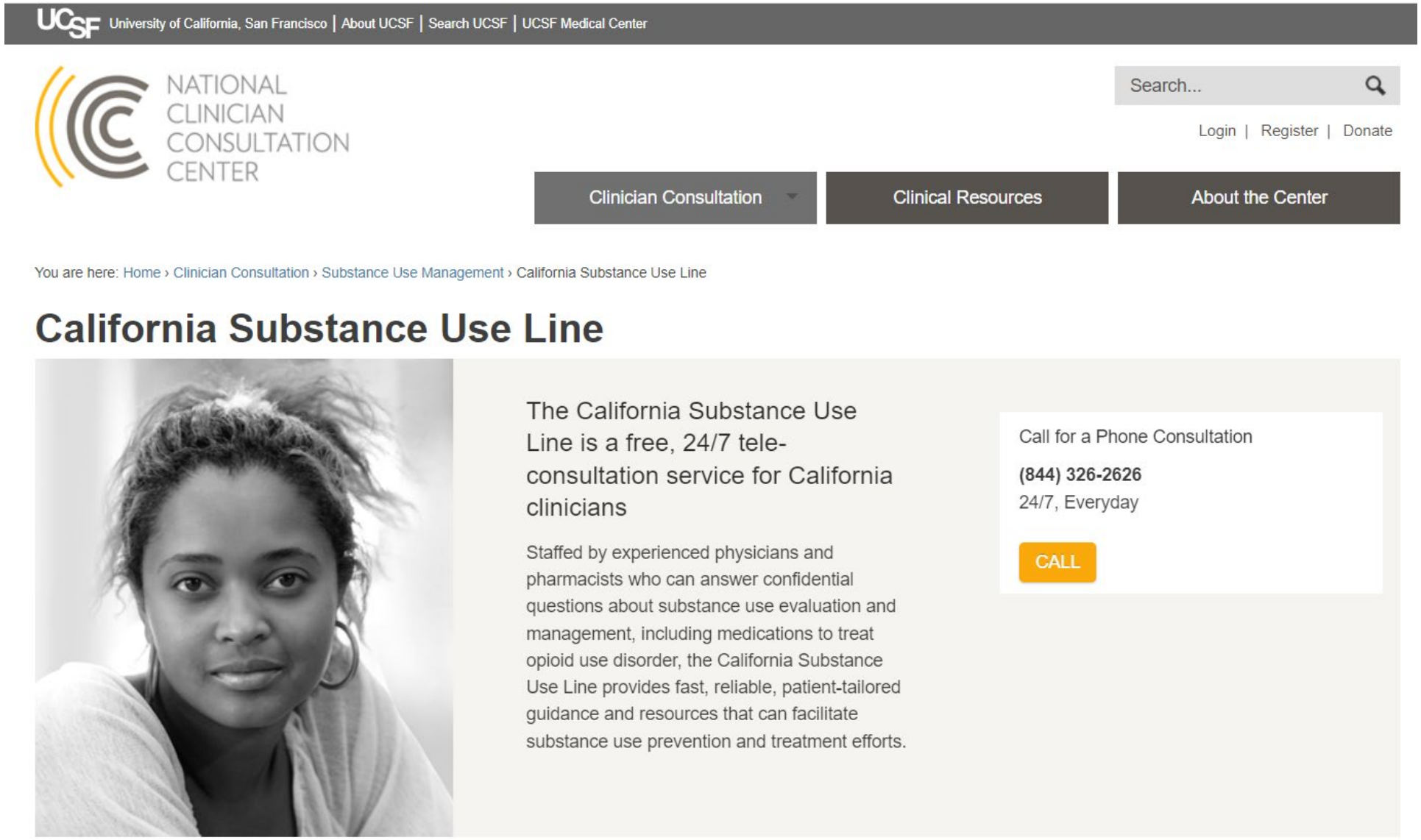
- Since readiness to change does not independently contribute to initial treatment recommendations the dimensions will be adjusted
- Readiness considered across all dimensions.
- New Dimension 6 focuses on patient preferences, barriers to care, and need for motivational enhancement



The ASAM Criteria Continuum of Care – 4th Edition



Co-occurring enhanced care (COE) Standards Defined for x.5, x.7, and Level 4



http://nccc.ucsf.edu/clinician-consultation/substance-use-management/california-substance-use-line

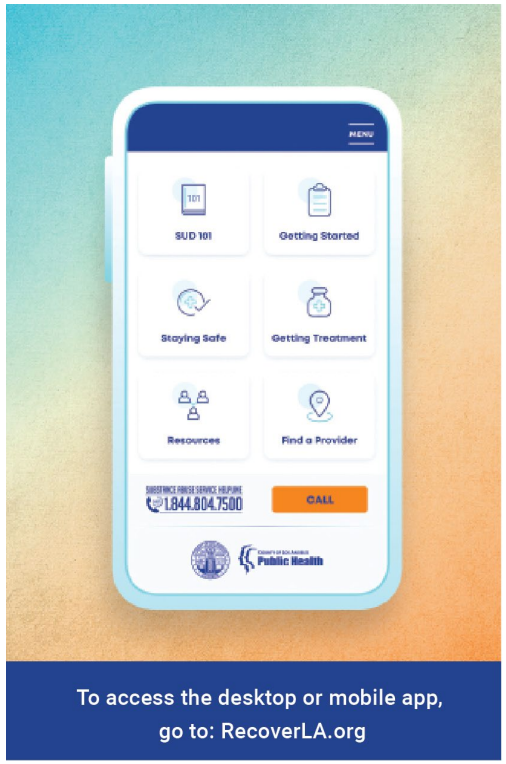
SUD Treatment Referral Line

- (800) 879-2772 – Statewide Toll-Free, or
- (916) 327-3728 – Outside California

OR

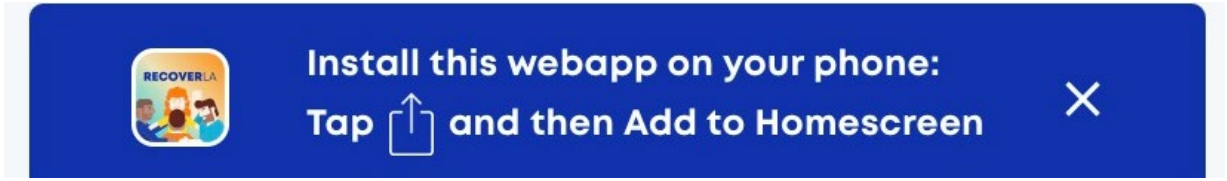
- Directory of County SUD Referral Lines
  - http://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx

Recover LA Mobile App



- Free mobile app
- Provides education and resources for those seeking substance use services for themselves or others
- Available in 13 languages
- RecoverLA.org

QR code can be used to access the app as well

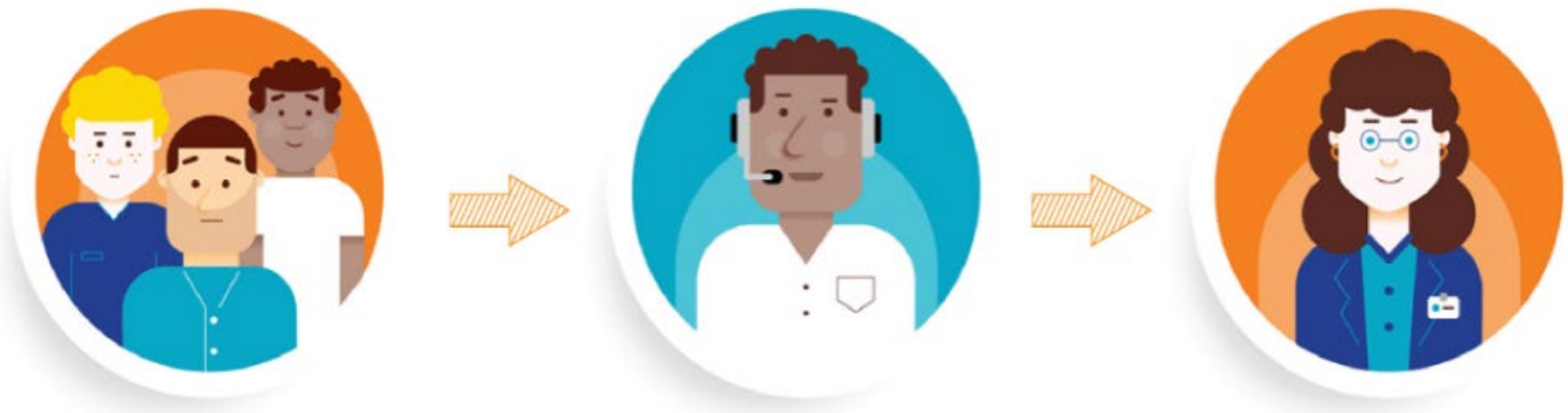


Substance Abuse Service Helpline (SASH)

SUBSTANCE ABUSE SERVICE HELPLINE

24/7 **1.844.804.7500**

• Toll-free, available 24/7, year-round • Interpretation available, including TTY •



1. **Anyone** can call the SASH (adults, youth 12+)
2. Clinicians/Counselors conduct a screening and connect the caller to a treatment provider
3. The SASH operator will connect you with a treatment provider or provide you with a referral option

Service & Bed Availability Tool (SBAT)

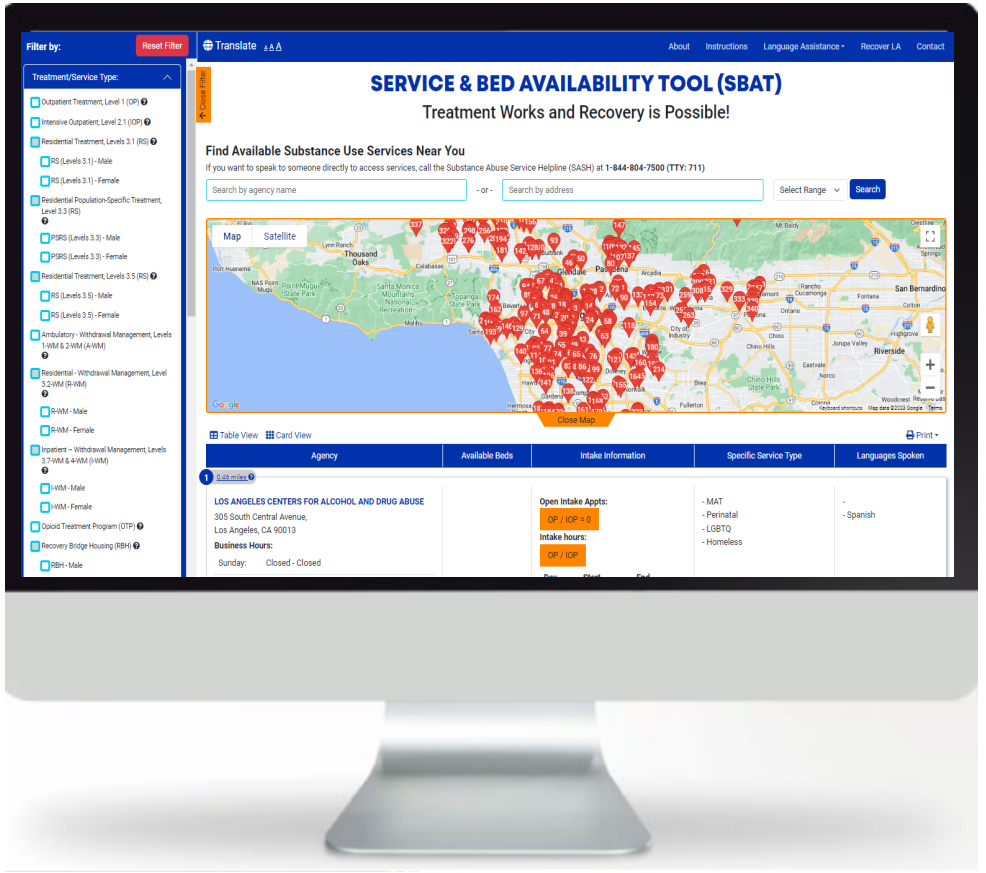
Service & Bed Availability Tool (SBAT) at

www.SUDHelpLA.org

→ find SUD treatment services, beds, and site contact information.

Filter by:

- Distance
- Treatment/Service Type
- Languages Spoken
- Clients Served (e.g. youth, perinatal, disabled, LGBTQIA, homeless, re-entry, etc.)
- Night/Weekend availability



www.SUDHelpLA.org

Ambulatory Care Network
HEALTH SERVICES • LOS ANGELES COUNTY

Medications for Addiction Treatment (MAT) Consultation

Support Available 7 days per week

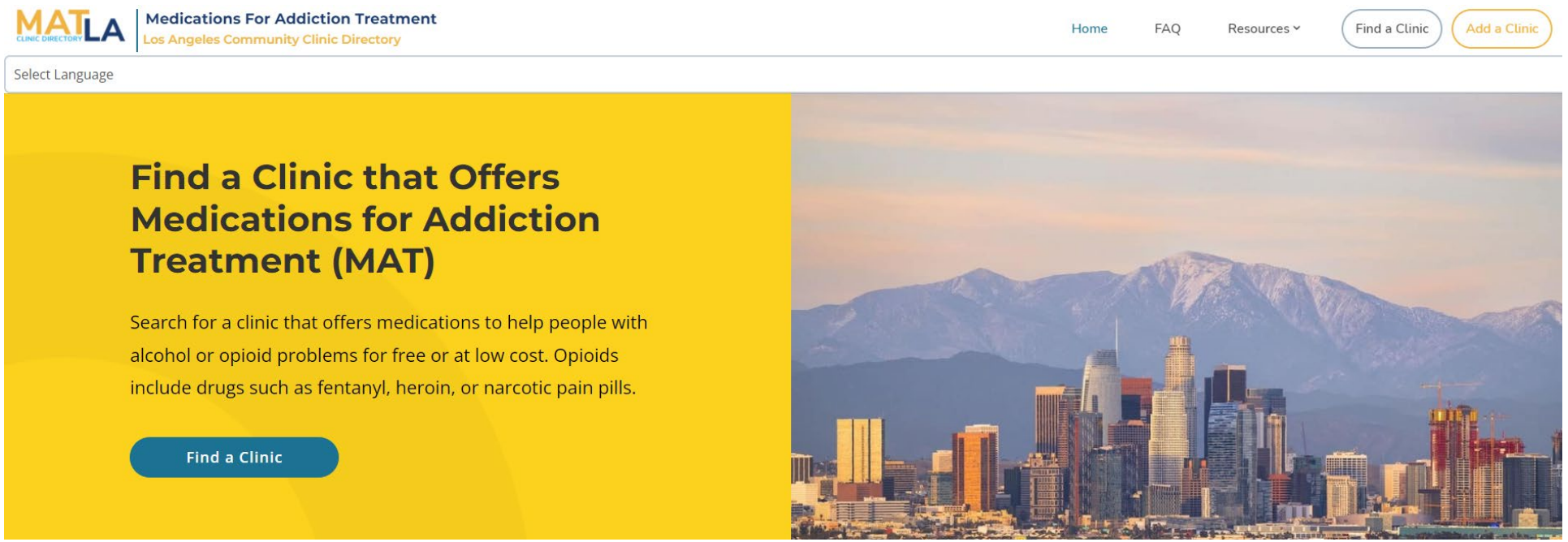
- *MAT can be started in any setting. Safe via telehealth. Save lives, improve health and social functioning.*
- *DHS on-call providers help you start MAT for patients with alcohol and/or opioid use disorder.*
- *Patients benefit, even if not yet ready to quit drinking/using opioids.*
- *Reminder: offer Narcan/Naloxone in high risk settings*

MAT Consult Line:
(213) 288-9090

Health Services
LOS ANGELES COUNTY

6/20/2024

Sponsored by National Health Foundation for MAT Access Points Project, in partnership with Los Angeles County and CA Bridge



http://LosAngelesMAT.org

Katherine E. Watkins, Allison J. Ober, Sarah B. Hunter, Brian Hurley, John Sheehe, Jeremy Martinez, Elizabeth Bromley, Derjung M. Tarn, Ivan Beas, Alanna Montero, Michael McCreary, Erika Litvin Bloom, Catherine C. Cohen, Maria Gardner, and Isabel Leamon, How to Integrate Pharmacotherapy for Substance Use Disorders at Your Mental Health Clinic: A Step-By-Step Guide for Screening and Treating Adults with Co-Occurring Mental Illness and Alcohol and/or Opioid Use Disorders with Pharmacotherapy in Mental Health Clinics. Santa Monica, CA: RAND Corporation, 2021.
http://www.rand.org/pubs/tools/TLA928-1.html

Key Take Home Points

- Everyone gets naloxone
- Language matters
- Lack of demand > Lack of supply of formal specialty substance use treatment
  - 95% of people don't get specialty SUD treatment (*because they are not interested in treatment as usual*)
- Don't assume the goal of abstinence initially
  - The 95%!
- Offer Medications for Addiction Treatment
  - Particularly for Opioid Use Disorder
  - As quickly as possible
  - Without unnecessary contingencies

Questions?

Brian Hurley, M.D., M.B.A., FAPA, DFASAM
bhurley@ph.lacounty.gov

Interested in more? Come to:

- ASAM Annual Meeting (Denver in April 2025!) http://www.asam.org
- CSAM Annual Meeting (San Francisco Aug 2024!) http://csam-asam.org
- AAAP Annual Meeting (Naples, FL Nov 2024!) http://www.aaap.org

Q&A
WITH COUNCILMEMBERS

Public Comment

CCJBH
Business Meeting

CCJBH Project Updates

CCJBH Legislative Reports

CCJBH Legislative Reports

- 2022 and 2023 Legislative Reports
  - Per Councilmember requests at the March 2023 meeting, CCJBH staff disseminated the 2022 and 2023 CCJBH legislative reports to county behavioral health directors and county Boards of Supervisors.
  - CCJBH is working to coordinate a briefing on the recommendations presented in these legislative reports for legislative staff (ETA in September 2024).
  - Lunch-and-Learn webinars will be scheduled in July 2024 to provide stakeholders with an overview of these recommendations, as well.
- 2024 Legislative Report
  - CCJBH has initiated work on the 2024 Annual Legislative Report
  - A call for report recommendations will be sent to Councilmembers in July 2024.

Juvenile Justice Compendium and Toolkit

Juvenile Justice Compendium and Toolkit Contract

- The contract with the RAND Corporation ended in April 2024.
- The California Juvenile Justice Toolkit was launched on April 19, 2024, at the CCJBH Juvenile Justice Workgroup and shared widely with stakeholders via CCJBH's listserv and CDCR and Office of Youth and Community Restoration's (OYCR's) social media accounts.
- The Method's Report outlining the development of the compendium and toolkit is currently under internal review and will be published to the CCJBH website once approved.
- The Training and Technical Assistance Plan was completed in April 2024 and provided to OYCR for implementation.
- The RAND Corporation is engaged in conversations with the OYCR on implementation of the training and technical assistance plan.

Words to Deeds
(W2D)

W2D

- In July 2023, the Council voted to allocate $166,668 from CCJBH's annual budget to further the efforts of W2D.
- Due to the Council's high level of interest, a proposal for additional on-going funding is forthcoming intended to sustain W2D ongoing efforts for future years.
- CCJBH is partnering with the Mental Health Services Oversight & Accountability Commission (MHSOAC) through an Interagency Agreement (IA) to collaborate on W2D to maximize resources for the Justice-Involved (JI) population.
- Efforts will include:
  - ✓ Two annual W2D convenings (one in September 2024 and one in Calendar Year 2025).
  - ✓ A workgroup and report to identify and document the priority metrics for the justice-involved population with behavioral health needs, leveraging and informing CCJBH's PH/PS Framework and Data Visualization.

Public Health Meets Public Safety (PH/PS)

CCJBH- Resident Corrections Analyst (RCA) Position

- CCJBH applied for and was granted an embedded RCA position, funded through the U.S. Department of Justice, Bureau of Justice Assistance (BJA) Justice Reinvestment Initiative (JRI), to:
  - ✓Produce documentation of protocols for retrieving, cleaning, and standardizing PH/PS Data Visualization data (documenting the data sources, the frequency of and process for updating the data, etc.).
  - ✓Participate in protocol document knowledge transfer sessions with the UC Berkely Possibility lab.

✓The RCA grant will be completed by August 2024.

CCJBH-UC Berkeley (UCB) Possibility Lab

- Through Interagency Agreement, CCJBH is working with the UC Berkeley Possibility Lab to:
  - ✓Maintain and update data inventory and dashboard.
  - ✓Develop a Data Refresh Schedule.
  - ✓Transition work accomplished by the UC Berkely Possibility Lab and BJA Resident Corrections Analyst.
  - ✓Continue building the PH/PS Framework and Data Visualization.
  - ✓Engage with additional stakeholders on use cases, including how best to track the 2025 System Goals, inform system efforts (e.g., CalAIM, 988 implementation), etc.

Medi-Cal Utilization Project (MCUP)

MCUP Status Update

- CCJBH is currently analyzing DHCS Medi-Cal data for individuals released from CDCR in FY 2020-21 and FY 2021-22.
- As with prior reports, the Calendar Year 2024 report will:
  - ✓Present updated Medi-Cal enrollment and Managed Care Plan selection rates.
  - ✓Examine mental health and substance use disorder services penetration and engagement rates stratified by identified behavioral health need at the time of release.
- CCJBH staff are working with DHCS to explore opportunities to examine member utilization of the new Enhanced Care Management (ECM) and Community Support (CS) services.

Lived Experience Projects (LEPs)

State and Local-Level LEPs

- During the April 2023, Full Council Meeting, Councilmembers voted to establish one State and three Local-level LEP contracts.
- Requests for Proposals for the Local-level and State LEP contracts were released in April and May.
- CCJBH is currently in the process of establishing new contracts with selected LEP Contractors.
- CCJBH will be announcing selected LEP Contractors during the September Full Council Meeting.

Legislation Tracking

Legislation Tracking

- The 2023-2024 Legislative Session began on December 4, 2023, and CCJBH is now tracking 135 bills this session.
- The bills being tracked by CCJBH cover juvenile justice and foster care, housing security, substance use disorders and issues addressing those deemed incompetent to stand trial.
- For more information and a list of bills CCJBH is tracking please visit our website.

Additional Updates

Additional Updates

- **Justice-Involved Peer Support Specialty:** CCJBH staff continue to track the California Mental Health Services Authority's (CalMHSA) Medi-Cal Peer certification process and Health Care Access and Information (HCAI) Community Health Worker (CHW) certification process.
- **CalAIM:** CCJBH continues to work to support CDCR's criminal justice system partners in efforts to implement referrals for Enhanced Care Management individuals with behavioral health needs who are involved in the justice system.
- **Housing/Homelessness:** CCJBH continues to support the CDCR Secretary's role as an appointed member of the California Interagency Council on Homelessness (Cal ICH). On June 10, 2024, CCJBH submitted a letter of support and recommendations to (HUD) in response to their proposed rule, "Reducing Barriers to HUD-Assisted Housing."
- **May is Mental Health Awareness Month:** CCJBH hosted four informational Lunch and Learns to observe Mental Health Awareness Month.

Additional Updates (continued)

- DHCS has opened a 30-day public comment period for a new addendum to the Section 1115 BH-CONNECT Demonstration from June 14, 2024, to July 14, 2024. CCJBH will review the addendum and provide feedback to address the unique needs of the BH/JI population.
- **Workgroup Reflections:**
  - **June Juvenile Justice Workgroup:** This workgroup continued the discussion on the definition of restorative justice that will be adopted by CCJBH and featured presentations on residential treatment for justice-involved youth with serious mental illness and substance use disorder.
  - **June Diversion/Reentry Workgroup:** This workgroup highlighted presentations on services and programs that utilize peer to provide substance use disorder treatment in carceral and community-based settings at the state and local level.
  - In future Full Council Meetings, Councilmember Workgroup Advisors will provide an overview and reflections of the previous Juvenile Justice and Diversion/Reentry workgroups.

Upcoming Events

Juvenile Justice Workgroup
August 16, 2024, 12:45 PM - 2:45 PM

Diversion/Reentry Workgroup
August 16, 2024, 3:00 PM - 5:00 PM

CCJBH Full Council Meeting
September 27, 2024, 2:00 PM - 4:30 PM

Please visit our website at https://www.cdcr.ca.gov/ccjbh/
Email us at CCJBH@cdcr.ca.gov

If you would like to be added to CCJBH's listserv, click HERE.

THANK YOU!