The Webinar will begin promptly at 11:00am

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the "chat feature"

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact

Elaine Henry
ehenry@healthmanagement.com

EFFECTIVE STRATEGIES TO ENHANCE TRANSITIONS OF CARE FOR JUSTICE-INVOLVED POPULATIONS

PRESENTED BY:
Caitlin Thomas-Henkel, MSW
Shannon Robinson, MD
Michael Pickering, MS

Tuesday,
June 15, 2021
11:00am – 12:00pm EST

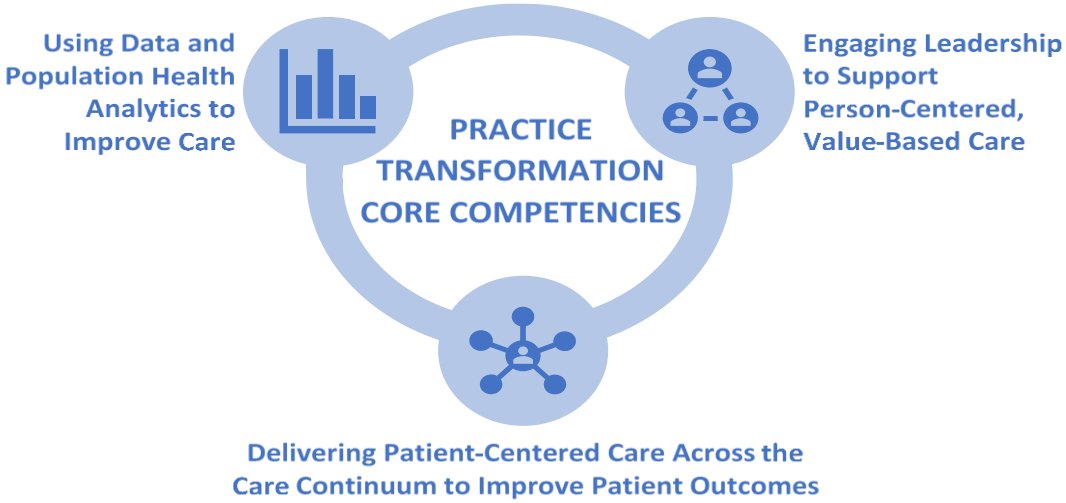
The Integrated Care Technical Assistance Program (ICTA) is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS THE ICTA PROGRAM?

- The Integrated Care Technical Assistance Program (ICTA) is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.

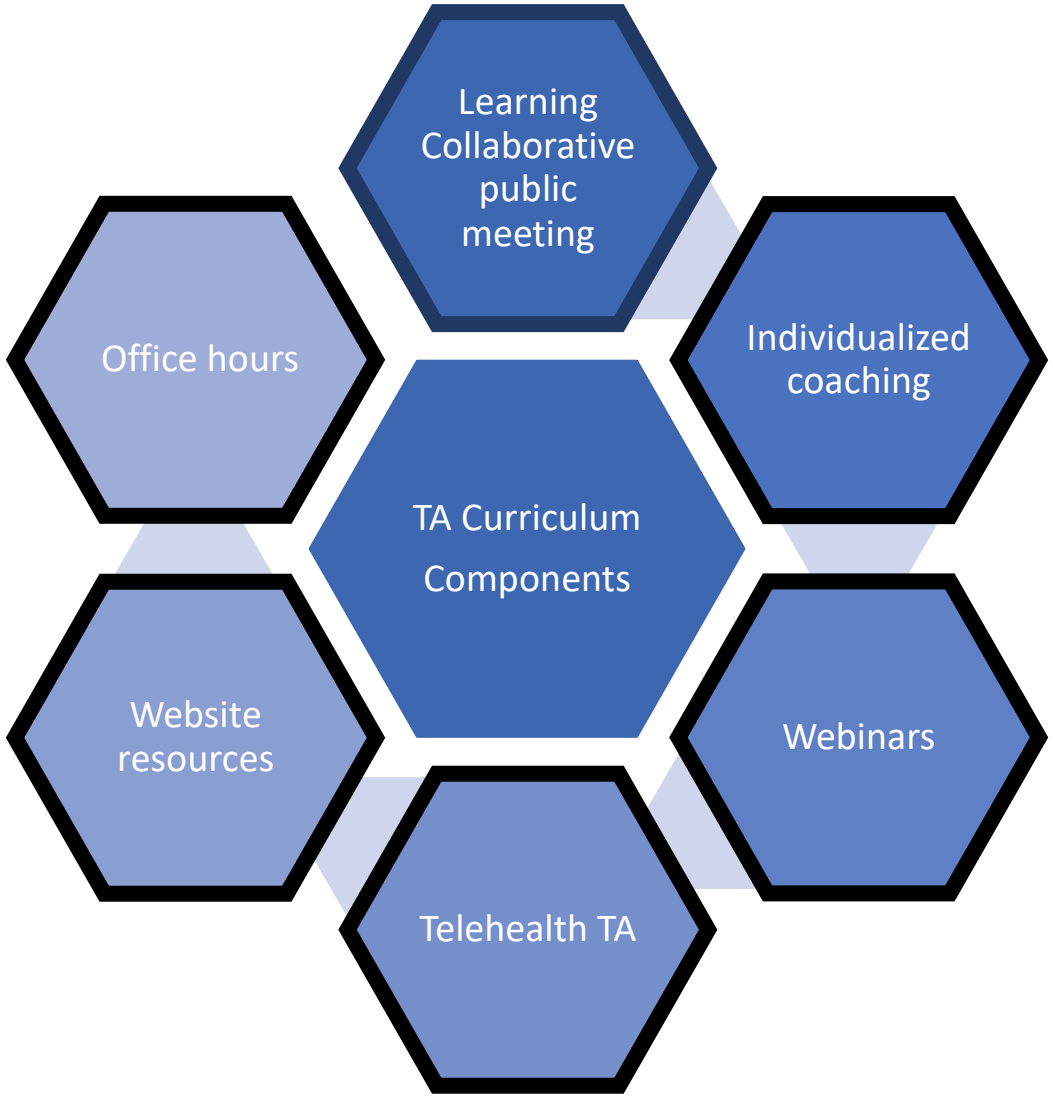
- The ICTA Program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



ICTA TECHNICAL ASSISTANCE

- The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- All material is available on the project website: Integratedcaredc.com
- Educational credit is offered at no cost to attendees for select elements.



PRESENTERS

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DISCLOSURES

Faculty	Nature of Commercial Interest
Caitlin Thomas-Henkel, MSW	Ms. Thomas-Henkel discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Shannon Robinson, MD	Dr. Robinson discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Michael Pickering, MS	Mr. Pickering discloses that he is an employee of RAP, Inc.
Elizabeth Wolff, MD, MPA CME Reviewer	Dr. Wolff discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

AGENDA

Effective Strategies to Enhance Transitions of Care for Justice-Involved Populations

- Welcome and Program Announcements
- Review why correctional healthcare is important
- Review justice involved populations needs
- Regional Addiction Prevention's (RAP, Inc.) Diversion Initiative
- Support for those re-entering the community
- Closing Remarks/Q&A

OBJECTIVES

The learner will:

1. Explain two reasons why correctional healthcare is important
2. Describe the SUD needs of justice involved people
3. Outline strategies for engaging justice involved populations and ways to support individuals reentering the community

Image permitted by DC Department of Health Care Finance

- What are the most urgent needs you see among justice involved people?
  - Wait to press enter

Photo courtesy of unsplash

THE NEEDS OF JUSTICE INVOLVED PEOPLE

JUSTICE INVOLVED INDIVIDUALS WITH SUD

2 million Americans have an Opioid Use Disorder

1 in 3 state prisons offer some form of evidence-based treatment

1 in 3 is arrested each year

1 in 5 incarcerated individuals are held for drug-related offense

1 in 100 jails offer evidence-based treatment

An estimated 80 percent of individuals released from prison in the United States each year have a SUD or chronic medical or psychiatric condition.

Shira Shavit et al., "Transitions Clinic Network: Challenges and Lessons in Primary Care for People Released from Prison," Health Affairs 36, no. 6 (June 2017).

SCALE OF THE PROBLEM

- ***Two-thirds of people in jail*** *meet the criteria for drug dependence or abuse. — Bureau of Justice Statistics 2014*
- *Of these, at least 25% have an OUD[2]*
- *At least 16-17% jail detainees have OUD[2]*
- *Many more have alcohol, methamphetamine addictions*
- ***Risk of overdose increases 129 times over the general population for those who leave jail[3]***

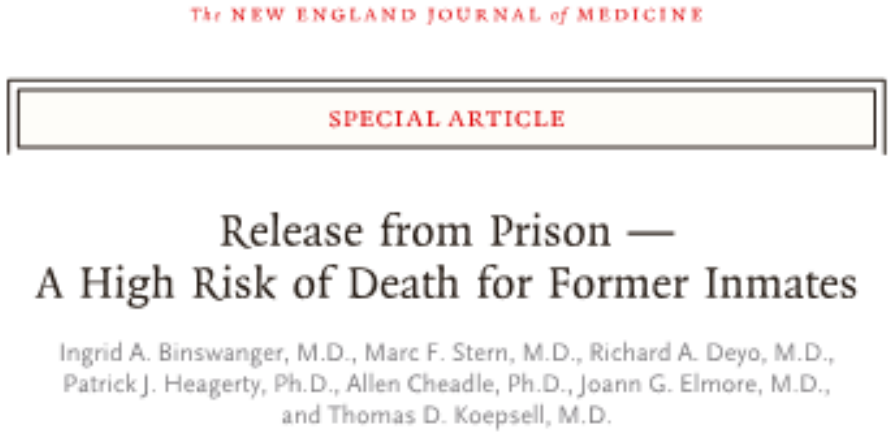
1.*Bureau of Justice Statistics 2014**
2.National Institution on Drug Abuse (2017 December)
3. Bronson, J. , Stroop, J., Zimmer, J., Berzofsky, M., (2017). *Drug use, dependence, and abuse among state prisoners and jail inmates, 2007-2009.* Bureau of Justice Statistics.

STATISTICS

Overdoses are the leading cause of death for former prisoners with the greatest toll during the first two weeks post-release.

Beletsky L, Rich JD. “Prevention of fatal opioid overdose” JAMA. 2012 Nov 14;308(18):1863-4. doi: 10.1001/jama.2012.14205

Engaging Justice-Involved Members to Treatment Upon Release



The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Release from Prison —
A High Risk of Death for Former Inmates

Ingrid A. Binswanger, M.D., Marc F. Stern, M.D., Richard A. Deyo, M.D., Patrick J. Heagerty, Ph.D., Allen Cheadle, Ph.D., Joann G. Elmore, M.D., and Thomas D. Koepsell, M.D.

- 129x risk of overdose death in the two weeks post-release
- Justice-Involved individuals are disproportionately affected by:
  - Hepatitis C - 12-35% compared to 1% in general population[1]
  - HIV –1.5% which is three times greater than in general population[2]

[1] Virginia Department of Health; [2] Westergaard, R. P., Spaulding, A. C., & Flanigan, T. P. (2013). HIV among persons incarcerated in the USA: a review of evolving concepts in testing, treatment, and linkage to community care. *Current opinion in infectious diseases*, *26*(1), 10–16. doi:10.1097/QCO.0b013e32835c1dd0

THE LAWS & IMPORTANCE OF CORRECTIONAL HEALTHCARE

CASE LAW & U.S. CONSTITUTION

- Estelle V. Gamble (1976)
- Coleman V. Schwarzenegger (1994)
- Plata V. Schwarzenegger (2002)
- Dental care
- 8th amendment
- 14th amendment
- Ethics!

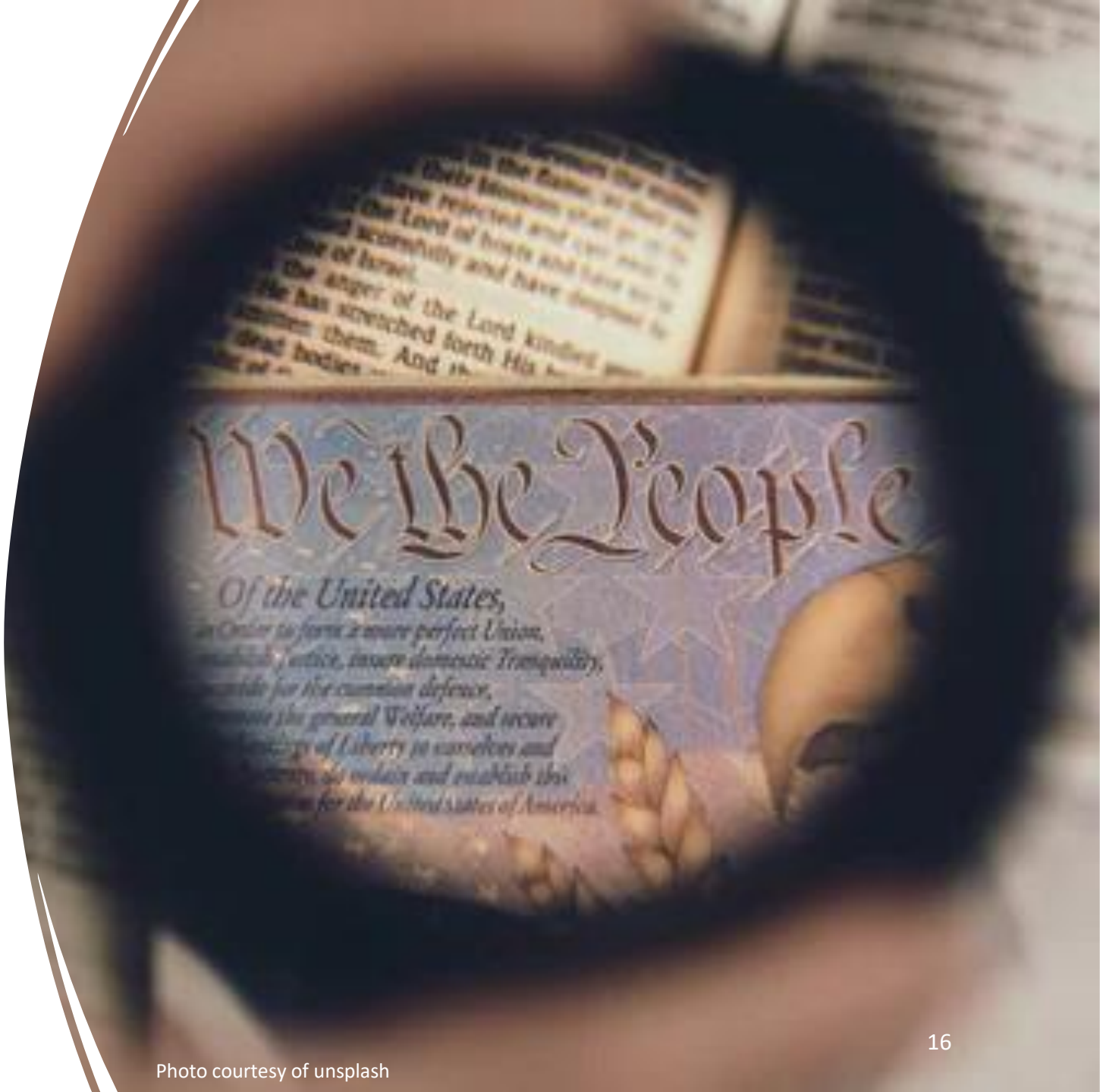


Photo courtesy of unsplash

HISTORICAL PERSPECTIVE CONTINUED

- The first federal correctional facility to house and treat addicts opened in 1935 in Lexington, Kentucky and was referred to as a “Narcotic Farm”[1]
- The farms pioneered methadone and talk therapy[2]
- In 1966, Congress passed the Narcotic Addict Rehabilitation Act which required drug treatment in federal prisons[3]
- By the 1970s, the Bureau of Prisons introduced manualized addiction treatment in all of its facilities[4]

1Falkin, Wexler, & Lipton (1992)

*2 *Inciardi, Martin, & Butzln (2004)*

3Sacks, Chaple, Sacks, McKendrick, & Cleland (2012)

4 NSA & NCCHC (2018)

Photo courtesy of unsplash

TRANSITION BEGINS

- Decisions about whether and how to treat addiction have been largely the domain of sheriffs and often change when the sheriff changes
- As the recent opioid crisis grew and medications became more prominent in treatment, sheriffs were called upon to consider medications
- Antagonist therapy was heavily promoted as preferable to bringing narcotics into the jails
- Recognition of OUD as a treatable chronic brain disease is changing the playing field
- Lawsuits mandating treatment of OUD during incarceration under the Americans with Disabilities Act is changing the power dynamics[1]

https://centerforuspolicy.org/wp-content/uploads/2019/12/Treatment-for-OUD-in-the-Criminal-Justice-System-Fact-Sheet.pdf

TRANSITION BEGINS

- Professional organizations and national leadership advocate that OUD treatment in prisons and jails must include access to all three forms of Medications for Addiction Treatment and be within the context of provider-patient relationship
- American Correctional Association and ASAM
- National Commission on Correctional Health Care & National Sheriffs Association
- Probation, Drug Courts, Child Welfare national associations
- Some legislation – Vermont, Rhode Island, Massachusetts, others
- Progress in some prisons and jails

RAP Addiction Treatment & Recovery Services

Michael Pickering, Executive Director
Melina Afzal, LICSW, Deputy Director
Tokunbo Obidiran, RN, Director of Health Services
Charity Pierce, LPC, Clinical Supervisor

Who We Are

- ✓ *RAP, Inc. is a not-for-profit behavioral healthcare provider that provides person-centered care, utilizing a full range of evidence-based, holistic treatments for substance use and mental health disorders.*
- ✓ *Treats more than 1,000 individuals each year. Patients and residents include the chronically homeless, persons with co-occurring mental health disorders and those living with HIV disease and other medical co-morbidities.*
- ✓ *Employs 80 people, many of whom are peers and RAP alumni.*
- ✓ *Has served the Washington metropolitan area since 1970.*
- ✓ *Has broken down treatment barriers since its inception by putting the needs of our clients first through person-centered, strengths-focused and cultural-, gender- and trauma-informed care.*

Our Mission

We empower individuals to choose a productive life over addiction.

We teach the behavioral skills, attitudes and values necessary to prosper physically, emotionally and spiritually.

We reconnect clients to loved ones and to their community with a new appreciation of self and social responsibility.

What We Do

- ✓ *We provide a comprehensive continuum of care, including Medication Assisted Treatment, that is guided by a philosophy of mutual concern, personal responsibility, research and community action.*

- ✓ *We are committed to ensuring that all clients have a holistic, individualized treatment path that works – a "NO one size fits all approach."*

Services

- ✓ *Withdrawal management*
- ✓ *Residential substance use disorder treatment for men and women*
- ✓ *Outpatient and assessment services*
- ✓ *Medication assisted treatment*
- ✓ *Integrated medical care*
- ✓ *Prevention and recovery support services*

Responsive Partner

- ✓ For more than 50 years, RAP has been proud to partner with the DC Department of Behavioral Health and DC Health. Federal partners include DC Pretrial Services Agency and Bureau of Prisons.

Withdrawal Management
24/7 Admission

Phone: (202) 462-7500
(202) 740-4429 – evenings and weekends

Address: Calvin W. Rolark Center
1949 4th Street NE
Washington, DC 20002

DC Fire and EMS Partnership

ED Diversion to community withdrawal management

- ✓ *Up to four admissions/day*
- ✓ *MAT induction*
- ✓ *SUD & psychiatric assessment*
- ✓ *Immediate referral (step-down) to SUD services*
- ✓ *Assessment/treatment/referral for medical co-morbidities*

Walk-ins and Referrals are Welcome

Whenever possible –

- ✓ *Call in advance of referral or transport to confirm bed availability*
- ✓ *Individuals should present with seven days of medications and clothing*
- ✓ *Patients must be able to perform ADLs independently*

Eligibility –

- ✓ *Must be a DC resident*
- ✓ *Withdrawal Management – Individuals* experiencing active withdrawal symptoms or who have consistently used alcohol and/or opioids in the previous five days*
- ✓ *Assessment & Referral Services – Individuals* are assessed for SUD & mental illness and referred internally or to an appropriate community provider*
- ✓ *Residential & Outpatient SUD services – Individuals* with diagnosed SUD*

RAP accepts co-occurring clients and is able to manage medical co-morbidities.

RAP Substance Use Disorder Treatment and Recovery Services

Admissions—(202) 462-7500

Hours: 9:00am to 3:00pm, Weekdays—Withdrawal & Crisis Management: 24/7—By appointment

Admission Criteria

General Admission Information

- Active substance use or meets DSM criteria for SUD
- Must be able to performs ADLs independently
- Must be able to transfer to bed, chair and toilet independently from wheelchair, walker, etc.
- Hospital or inpatient referrals must provide recent medical records for review prior to admissions: Diagnosis(s), status, medication list, recent labs, etc.
- Hospital or inpatient referrals must provide recent Psychiatric/Psychosocial records for review prior to admission: Diagnosis, status upon discharge; medication list, recent labs, etc.
- Hospital or inpatient referrals must provide discharge summary, to include outpatient appointments within the next 30 days

The following are not required but are helpful documents:

- **Proof of DC residency: government-issued ID or letter from provider confirming DC residency**
- **Proof of Insurance: Medicaid or MCO**

Withdrawal and Crisis Management (ASAM 3.7)

- Consistent use of alcohol and/or opioids in the last five days
- Three days of worth of clothes when possible

Residential Treatment Services (ASAM 3.3 & 3.5) minimum 28-day stay

- 30 days of medication and/or prescriptions when possible
- Clothing for seven days when possible

Individuals with medical, cognitive or psychiatric conditions which prohibit them from attending or participating in groups, living in a congregate setting, or require regular outside medical treatment are inappropriate candidates for our residential programs. RAP reserves the right to deny admission to individuals with SI/HI in the preceding 72 hours; individuals who require skilled nursing services; sex offenders and arsonists.

Prescriptions should be sent to DuPont Circle Pharmacy–1506 21st St. NW, #100, WDC 20036–Phone: (202) 818-8070

1949 4th Street NE, Washington, DC 20002
P (202) 462.7500 F (202) 462.2309 E info@rapinc.org

RAP
Founded in 1970

Saving lives, families & communities for 50 years.

Our Team

Interdisciplinary team:

Medical Doctor, Family Nurse Practitioner-C, Psychiatric Mental Health Nurse Practitioner, Registered Nurse, Licensed Independent Clinical Social Worker, Licensed Professional Counselor, Certified Addiction Counselor, Care Managers and Peers

RAP offers withdrawal & crisis management and residential and outpatient SUD treatment with integrated primary care and mental health services.

RAP Withdrawal Management Services

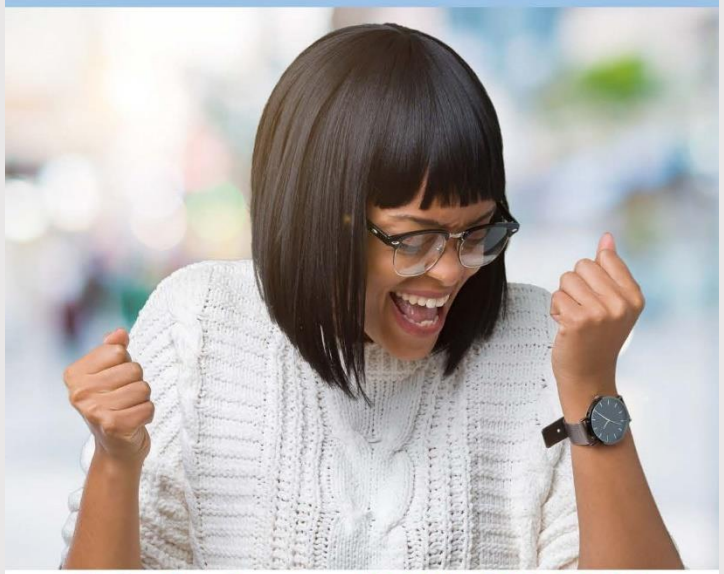
24/7 Admissions—(202) 462-7500

Helping Individuals◆Healing Families◆Building Communities

The Calvin W. Rolark Center
Intake: 1949 4th Street NE
Washington, DC 20002

RAP
Founded in 1970

RAP Residential Addiction Treatment



Admissions—(202) 462-7500

Helping Individuals◆Healing Families◆Building Communities

The Ronald C. Clark Center
Intake: 1949 4th Street NE
Washington, DC 20002

RAP
Founded in 1970

RAP Outpatient Addiction Treatment

Admissions—(202) 462-7500

Helping Individuals◆Healing Families◆Building Communities

The Calvin W. Rolark Center
Intake: 1949 4th Street NE
Washington, DC 20002

RAP
Founded in 1970

24/7 Admissions—(202) 462-7500

- Withdrawal (non-hospital detox) and Crisis Management
- Assessment & Referral
- Medication Management
- Individual, Group & Family Counseling
- Case Management
- Recovery Support Services

(202) 462-7500—1949 4th Street NE, WDC

DBH DEPARTMENT OF BEHAVIORAL HEALTH

Call 911 for medical or mental health emergencies.

RAP Founded in 1970

Saving lives, families & communities for 50 years.

Admissions—(202) 462-7500

- Assessment & Referral
- Medication Management
- Individual, Group & Family Counseling
- Case Management
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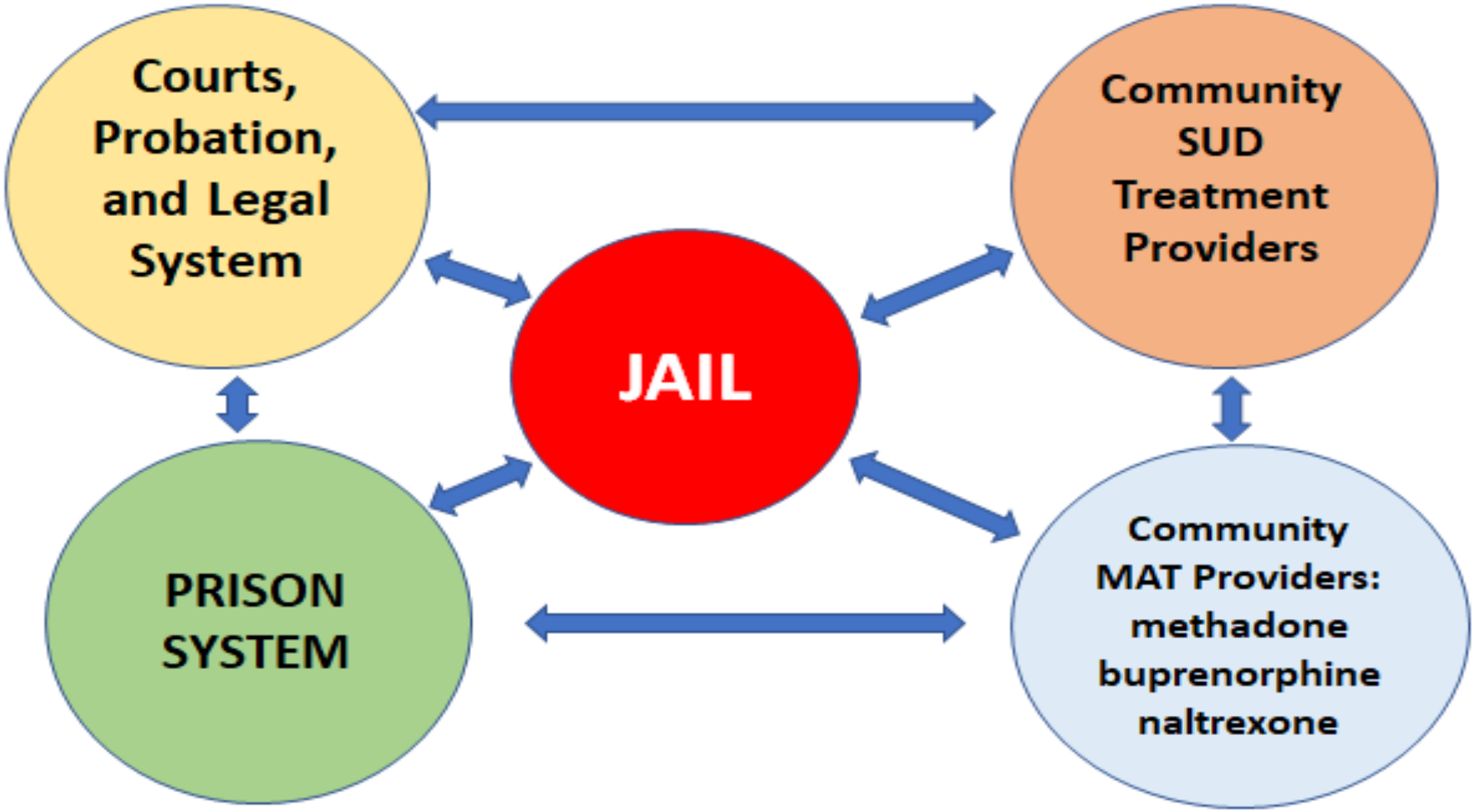
Questions…

STRATEGIES

FUNDAMENTAL CONNECTIONS



BEST PRACTICES FOR TRANSITIONS OF CARE

- Everyone who enters any jail or prison on MAT is continued
- Everyone who exhibits opioid withdrawal promptly gets agonist treatment
- Everyone on agonist is evaluated for continued MAT, with no gaps in care
- Everyone is screened for OUD
- Everyone screened + receives an Evidence Based assessment by an appropriate clinician
- Everyone whose assessment is + for OUD or AUD is offered MAT
- MAT is provided throughout incarceration as clinically indicated
- Which med, dosage, duration are determined by patient and provider
- Patients wishing abstinence from MAT are managed to minimize relapse risk
- Everyone with OUD or prescribed opioids releases with a naloxone kit in hand

THE NATIONAL END GAME

- Probation, Parole, Child Welfare, Judges, District Attorneys, and Public Defenders are on board to support clients on MAT in accordance with medical treatment plan
- Sufficient capacity exists for appropriate Level Of Care for SUD treatment post incarceration and all LOC supports clients on MAT
- Recovery housing supports clients on MAT

THE NATIONAL END GAME

- Behavioral therapies are provided in jails where possible and in all prison systems
- Prisons become Recovery Oriented Systems of Care with ubiquitous peer recovery supports
- Everyone on MAT is released to a source of community behavioral therapies and a source for MAT with no lapse in care

STRATEGIES

Decrease

- Risk of Addiction and Overdose

Formalize

- Partnerships with Community Providers

Enhance

- Warm handoffs

Prioritize

- Special Populations

Reduce

- Stigma

Increase

- Access to MAT and Harm Reduction Strategies

THREE TALKING POINTS

HMA ICTA INTEGRATED CARE TECHNICAL ASSISTANCE

Advance Overdose Prevention, Education, Training & Naloxone Availability

Standardize MAT & Tx Protocols

Maximize Warm Hand Offs with Community Providers

Q&A

WRAP UP AND NEXT STEPS

- Please complete the online evaluation! **If you would like to receive CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar**.**

- The webinar recording will be available within a few days at: https://www.integratedcaredc.com/learning/

- **TA Office Hour:**
  - Thursday, June 17, 2021, 11am - 12pm EST with Caitlin Thomas – Henkel, MSW and Shannon Robinson, MD
  - *The Zoom link for this webinar will provide you access to the TA Office Hour

- **Upcoming Webinars:**
  - *Using Disease Registries to Improve Your Practice Population's Health,* Thursday, July 15, 2021, 10:00 - 11:00am EST
  - TA Office Hour: Monday, July 19, 2021, 10:00 – 11:00am EST

  - *Using Digital Solutions to Support Integrated Care* – an extended webinar session, coming soon in early August
  - *More details and a registration link to be posted by the end of June.*

- For more information about the DC Integrated Care Technical Assistance Program, please visit: https://www.integratedcaredc.com/

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Michael Pickering – Executive Director
mpickering@Gaudenzia.org – (202) 462-7500

EVALUATION POLLING QUESTION

HMA ICTA INTEGRATED CARE TECHNICAL ASSISTANCE

As a result of this webinar, I understand (check all that apply):

a. The needs of justice - involved populations

b. Why correctional healthcare is important

c. Strategies for improving Transitions of Care

d. How to advance transitions of care for justice involved populations