Illinois Opioid Crisis Response Advisory Council

Criminal Justice Populations Committee Meeting

Wednesday, March 22, 2017

MEETING MINUTES

Chair: Sherie Arriazola

Committee Members Who Attended In-Person/Phone: Janelle Prueter, Dan Langloss, Joan Hartman, Mark Raifman, Jessica Reichert, Elizabeth Salisbury-Afshar, Antoinetta Simonian, John Nunley, Cyrus Winnett, Dan Rabbit, Joan Hartman

DASA and AHP Representatives: Kim Fornero, Sue Pickett

Welcome, Introductions, Purpose of the Committee

- Sherie welcomed the group and thanked them for their participation
- Kim briefly reviewed the purpose of the committee: to bring attention to and advance efforts addressing the opioid crisis at the state, regional and local level, and develop recommendations for the strategic plan related to the criminal justice population. Email Kim (Kim.Fornero@illinois.gov) if you would like to join the larger Council.

Reviewing/Refining the Committee's Strategic Focus Areas Developed from 3/7 Meeting:

- At the March 7th meeting, the group agreed that the Sequential Intercept Model is a good framework to guide our work. At each intercept point, we can identify and address goals and action steps related to:
  - Access to treatment
  - Treatment capacity
  - Best practices
  - Education
- The focus of today's meeting is to discuss these preliminary goals, identify any missing goals, and begin to refine goals and develop actions steps.

Presentation on the Sequential Intercept (SI) Model

- Jac Charlier and Ben Ekelund of TASC's Center for Health and Justice gave a presentation on the SI Model. Developed in 2006, the SI Model provides a visual representation of justice involvement—how individuals move through the system, from arrest to re-entry—and opportunities for diversion to behavioral health treatment.
- The original model's intercepts began with 1 (law enforcement); a new intercept, 0, has been added to reflect new deflection (pre-booking/pre-arrest) diversion efforts. Dixon's program is an example of deflection.
- Jac stressed that resources can't be put everywhere – it's impossible to address all intercepts. The SI model can help identify the most critical challenges and what specific, single intercept point should be addressed.
- An SI mapping process begins with overlaying data on the model to identify the intercept point where most critical problems exist; relevant evidence-based practices (EBPs) for that intercept point are identified, and decisions about where to put resources are made. SI mapping involves leadership from all systems. For an in-depth description of the SI model go to: https://www.prainc.com/wp-content/uploads/2015/10/SIMBrochure.pdf

Group discussion of the SI model

- Overlay data on opioid use in the criminal justice system with SI model to identify where the epidemic is the strongest or most critical.
- OUD and SUD vary by intercept point and criminal justice facility. For example, opiates are the drug of choice for 20% of people in Sheridan, while jails are seeing higher rates of opiate use.
- There may be greater opportunities (and funding) for SI 0 and SI 1. There is a lot of potential in deflection, but it requires getting the behavioral health network and community partners to the table and establishing interagency agreements (i.e., MOUs) to ensure that people are really deflected into treatment.
- What happens too often at SI 0 and SI 1 is that person is put into detox, then has to wait for treatment, putting them at risk for relapse. Rikers is starting people directly on methadone when they enter the facility – this model could be used in jails.
- Emerging research shows deflection results in significant decreases in arrests and increased linkage to treatment. Haymarket is doing deflection; there also is a pilot program between Chicago HIDTA, University of Chicago and other organizations taking place in Chicago but data are not available yet.

Discussion of Preliminary Goals

- Discussion of the goals focused on access to treatment, funding, capacity, evidence-based practices and education.

Funding

- Under the Affordable Care Act, the majority of the criminal justice population are Medicaid-eligible. Threats to Medicaid, the state budget crisis, all of this impacts access to treatment and treatment capacity.
- We have a broken system and don't want to ask for more funding for a broken system. We need to first identify the best practices and get them in place to ensure better outcomes.

Access, Capacity and EBPs

- MAT is happening in many settings (primary care, FQHCs); we need a better understanding of all the places where MAT is offered.
- Not every MAT provider takes Medicaid; reimbursement is an issue
- It's important to delineate what's happening and needed in Chicago versus rural areas. Downstate rural areas need doctors who are willing to do MAT. These areas also are very collaborative; this isn't always the case in Chicago. Responses to the crisis, to treatment access and capacity, need to be tailored to each region of the state.
- We need to build EBP programs – Elizabeth will send articles on how people with OUD don't have access to EBPs.
- We can't offer MAT without recovery supports and treatment. Evidence shows that people who get MAT + ancillary treatment have better outcomes than just MAT alone.
- Identifying opiate overdose in the emergency room (ER) but often no link to treatment. A few ERs are starting to link people to care in the community.

Education

- Education for judges on MAT: HB 5594 (99th GA) / PA 99-0554 – see handout – stops judges from telling someone not to use MAT but that only applies to drug court. Group discussed the need to invite a judge to join the committee. Antoinette volunteered to connect Sherie with a judge from Lake County who might be interested in joining the committee.

- Education needs to happen across the criminal justice system – there is a lot of misunderstanding about MAT and stigma across the system. TASC's Center for Health and Justice has educational resources that could address this.
- Providers themselves need education. Not all Subaxone providers are trained at the same level. Providers may be more willing to do MAT if they had training and support to do it. Learning collaboratives should be part of our strategy.
- There is a general lack of education on MAT and education. We need to embed training in the system, especially for criminal justice. If education and training isn't standardized and part of an organization's operating procedures, it won't last. Group discussed the possibility of education on MAT as CEU requirements for various professions.
- Note: All of the committees have goals related to education. For example, the MAT committee is addressing MAT education for providers. There may opportunities for cross-committee work on education-related topics.

Upcoming Web Surveys and Stakeholder Interviews

- Sue announced that AHP is developing a web survey that will be distributed statewide to obtain stakeholder input on the opioid crisis. She asked for survey question suggestions from the group. Please email additional suggestions for survey items to Sue (spickett@ahpnet.com).

Next Steps: Structuring the Work Going Forward

- The group asked for clarification about expectations for committee members. We anticipate several meetings in the next few weeks to keep work moving forward.
- The committee needs to make recommendations for one or two goals that can be achieved in the next year. The group needs to identify those goals and develop action steps.
- The SI model could still be a framework for identifying treatment across the justice system. The group asked Elizabeth if she might be able to draft a document on what she believes is the ideal treatment spectrum. Dan (Langloss) offered to work with colleagues to do something similar, looking at what that spectrum is for Chicago and what it is for rural areas and gave this as a 'homework' assignment to a colleague in Naperville and to Joan.
- Sherie's suggestion for the focus of next meeting: The tentative task for the next meeting will be to identify the critical elements of what timely/immediate access to evidenced-based treatment looks like. It will be difficult for us to focus on all of the intercepts of the sequential intercept model, but a re-occurring theme has been on deflection from the justice system and into treatment and connection to community-based treatment from the ER (intercept 0). There has also been some discussion around the point of release from jail/prison (intercept 4). Once we identify the "what," we can begin to develop the "how" and potentially create a process flow that can be "embedded" or "memorialized" into a model that works to connect people to care in the moment they need it. Further, it will be important for us to incorporate the managed care delivery system into our process flows, given the fact that the state is moving to managed care in all 102 counties throughout the state, and given the fact that a high percentage of the justice population is eligible for Medicaid.
- IDPH has offered to host the next meeting at 69 E. Washington and provide video-conferencing. Sherie will send out a Doodle poll to schedule a meeting for the week of April 1st.