

HEALTH  
MANAGEMENT  
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# Aligning Criminal Justice Approaches with County Public Health Objectives

**2019 CHEAC Annual Meeting**  
**Strengthening the Public Health Infrastructure**  
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## Presenters

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# Disclosures

Pharma	Donna: None Shelly: None
Device	Donna: None Shelly: None
Grants	Donna: None Shelly: None
Salary	Donna: Health Management Associates Shelly: Siskiyou County

# Objectives

Participants will be able to:

- Articulate health care objectives shared by jails and local public health departments
- Describe opportunities and practices to align jail and public health practices related to pregnancy, addiction, infectious disease, prevention and harm reduction
- Describe barriers and steps to overcome them

## Overarching Philosophy

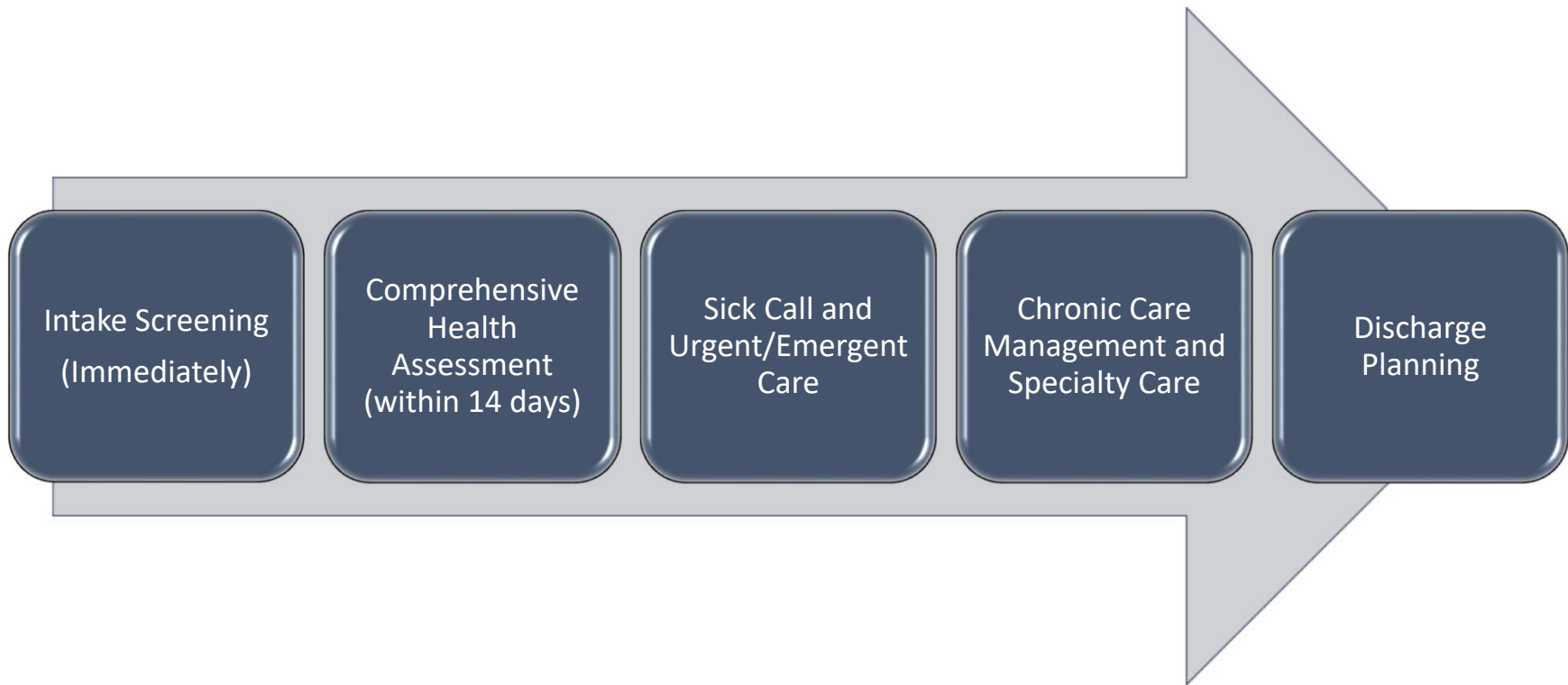
Jail is a primary care clinic in the community safety net

Jail practices should align with local public health priorities and practices

Jails should mirror community standards in treating opioid addiction and other health conditions

Data from jail should be incorporated into all public health and opioid analyses

# Jail Health Care Processes (medical, nursing, behavioral health, dental , pharmacy)



## Who Provides Jail Health Services?

- Sheriff staff
- County health system staff
- County health department staff
- County mental health staff
- University medical staff
- Correctional health care vendor (Corizon, Wellpath, NaphCare...)
- Combinations of the above

# Intake Screening

- Fitness for confinement
- Contagion
- Mental health status/danger to self or others
- Withdrawal from drugs or alcohol
- Essential medications
- Special needs: pregnancy, ADA/ADL issues, cultural issues, etc.
- Usually conducted by nurse, provider is on call



# Intake Screening and Public Health Objectives

- Contagions: TB screening protocols, HIV/HepC protocols, STD protocols, vaccines: Hepatitis A&B, flu, pneumonia, Tdap, Shingles, etc.
- Withdrawal from drugs or alcohol: Evidence-based withdrawal protocols; maintenance of buprenorphine/methadone/naltrexone; use of naltrexone for alcohol addiction; induction onto MAT
- Special needs: Pregnant women, especially drug users
- Data tracking for surveillance and outcomes

**How can Local Public Health Influence Intake Screening Practices?**

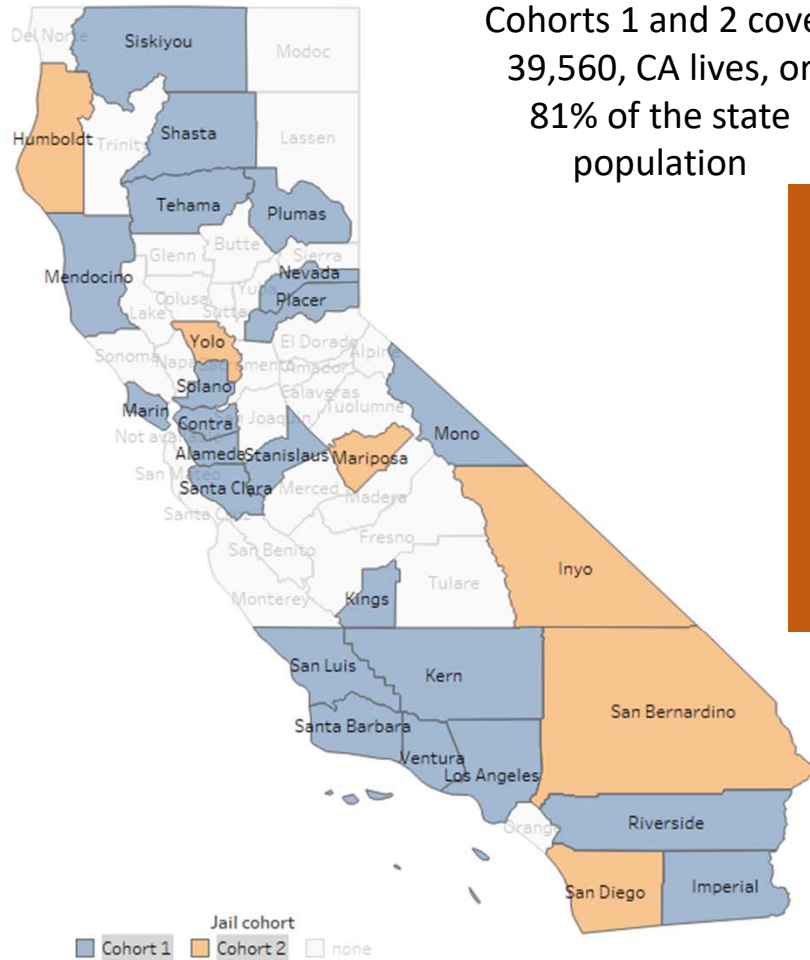
# Discuss: Examples of Barriers to Effective Public Health Influence on Jail Intake Practices

## Discuss: Examples of Overcoming Barriers

# Treating Addiction in Jails

- Great strides made in 29 counties already
- Lots of room for public health to get involved with teams
  - **Jail health care**
  - **Sheriff/jail custody staff**
  - **County Administrator's**
  - **Board of Supervisor's**
  - **Drug courts**
  - **Probation**
  - **County AOD program**
  - *Methadone /Hub and Spoke providers*
  - *Harm reduction providers*
  - *Opioid Coalition members*
- CDCR also involved: implementing system-wide treatment, continuing MAT on inmates coming from jails, sending inmates on MAT out to jails

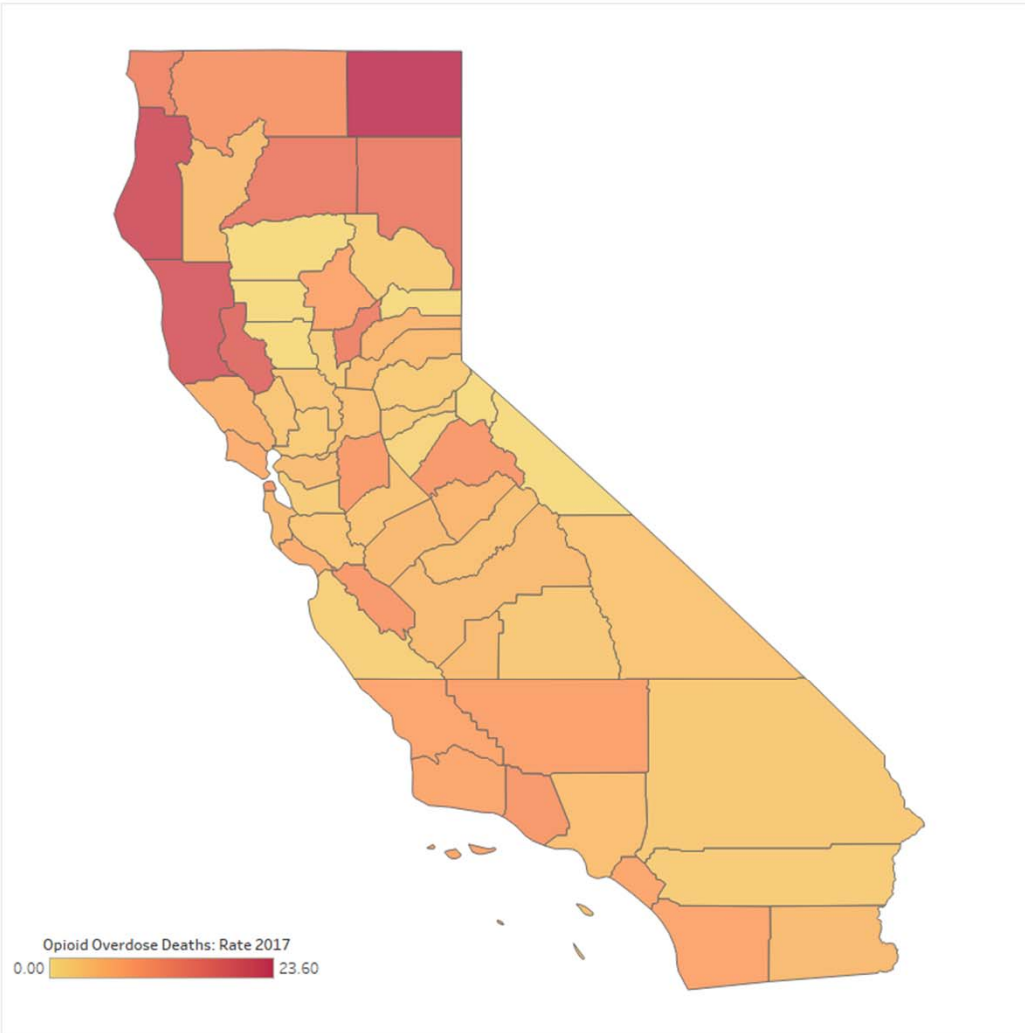
### California Jail-Based MAT Program



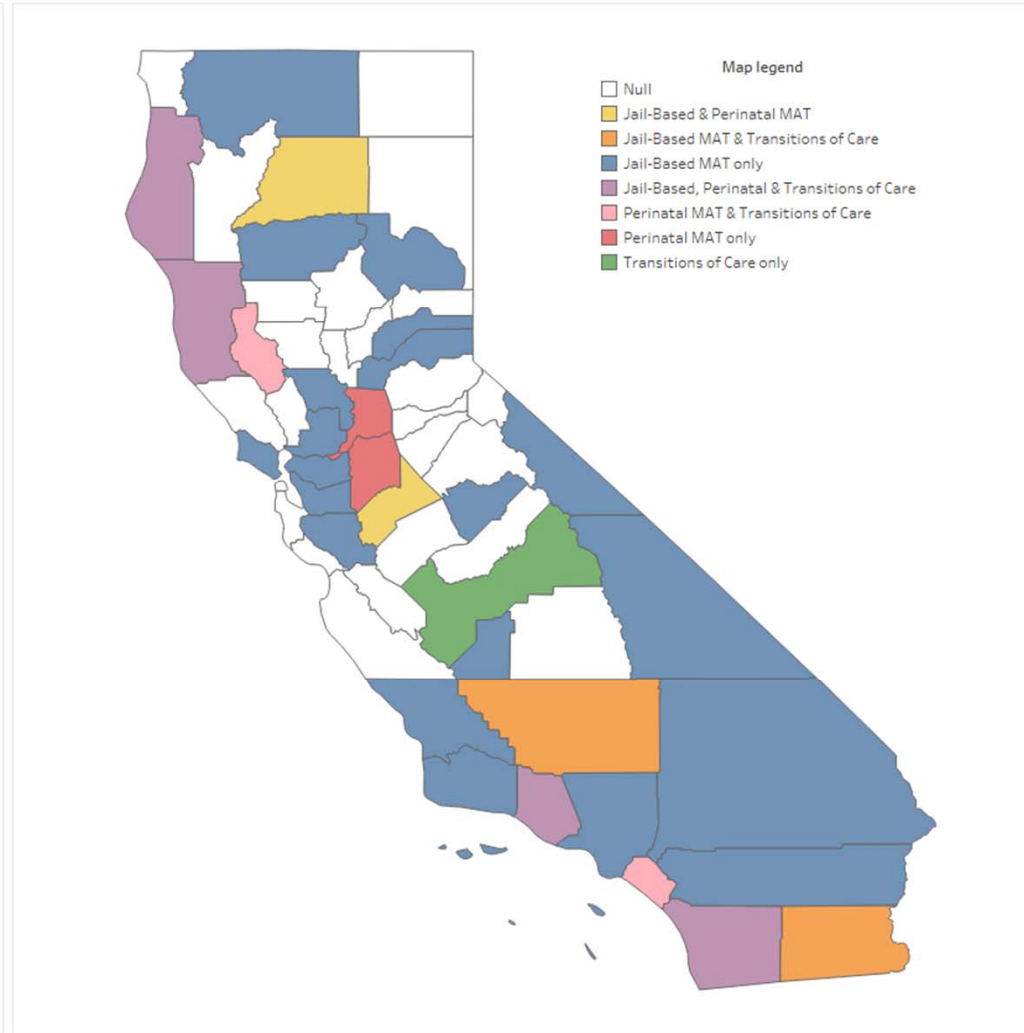
Cohorts 1 and 2 cover  
39,560, CA lives, or  
81% of the state  
population

Teams from  
counties have  
committed to  
expanding  
access to at  
least two  
forms of MAT  
in jails and  
drug courts

Opioid Overdose Deaths: Rate 2017



Jail-based MAT, Perinatal MAT, and Transitions of Care



## Public Health Opportunities

- Advance evidence-based practices for maintaining all forms of MAT, to align with county AOD standards of care
  - Assess impact of methadone withdrawal on overdose deaths
- Explore with the jail its capacity to begin MAT inductions
- Encourage jail to actively treat alcohol addiction with oral naltrexone; build jail into system of care
- Quantify and track overdose deaths related to criminal justice system
- **Assure that process for maintaining pregnant women on MAT are consistent and evidence based**
- **Assure that pregnant women with untreated OUD get immediate induction and referral**

## Public Health Opportunities

- Establish jail population as a priority population for the county to assure seamless transitions of care/access to MAT
- Explain and support low-barrier access to MAT
- Work with jail to initiate SUD treatment for detainees with HIV, hepatitis, cardiomyopathy, skin lesions
- Work with jail to provide naloxone to visitors and to detainees at release
- Work with jail to close gaps when precipitous release occurs
- **Provide harm reduction, screening, and treatment at all criminal justice and OUD treatment locations – especially methadone clinics**

## Public Health Opportunities

- Support jail providers with prescribing resources
  - Local assistance
  - CSAM
  - UCSF Hot Line
  - ED Bridge program for inductions
- Support jail discharge planners with low-barrier MAT access resources at release
- Build a tracking system to follow up with detainees released precipitously
- Help jail build data tracking of engagement in treatment post release, overdose, and recidivism



## Probation and Drug Courts

- Recognize probation and drug courts as partners – conduct Hepatitis/HIV/STD screenings in their locations
- Public health can provide leadership and support to drug courts, probation and child welfare workers to **support continuation on MAT**
- Understand positive urine drug screen is NOT a failure of treatment; it is data. Align with AOD program practices where possible
- Tapering from MAT creates high likelihood of relapse and death
- **“Stable is good!” “Don’t mess with stable!”**

## Final Thoughts

- Local public health can help jails, probation, and drug courts to more fully engage in:
  - Evidence-based, effective addiction treatment
  - Screening for addiction-related conditions
  - Effectively managing pregnant women with addiction

### **BE A PARTNER**

Improve outcomes for clients, criminal justice, and public health

# THANK YOU!!

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