



# MOUD & Criminal Justice

The Impact in Jackson County

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Date: February 20, 2024 Presented By: Jeremy Hubbard

# Outline

- Introduction
- Short History of OUD in Jackson County
- Opioid Use Disorder Caseload
- Development of “In Custody” MOUD Treatment in Jackson County
- Connecting with Community Corrections

# Learning Objectives

1. Describe the non-monetary positive impacts MOUD had on both community and incarcerated Justice Involved Adults in Jackson County.
2. Recognize the significant positive financial and capacity outcomes of OUD caseload and the CJTC MOUD programs in Jackson County.
3. Apply the "Champion" strategy for creating MOUD partnerships and connections with Community Corrections.



# Introduction

## Education

- BS in BS (Communication), Southern Oregon University
- MS in Criminal Justice, University of Cincinnati

## Experience in Criminal Justice

- 16 years as PO in Jackson County (11 in DV & 4 OUD Caseload)
- Some Career Highlights: Survival Skills in Instructor, Case Management Instructor, Bar Sweep Team Lead, Field Training Officer
- Designed MOUD program for Jackson County Jail and Community Justice Transition Center



# OUD in Jackson County

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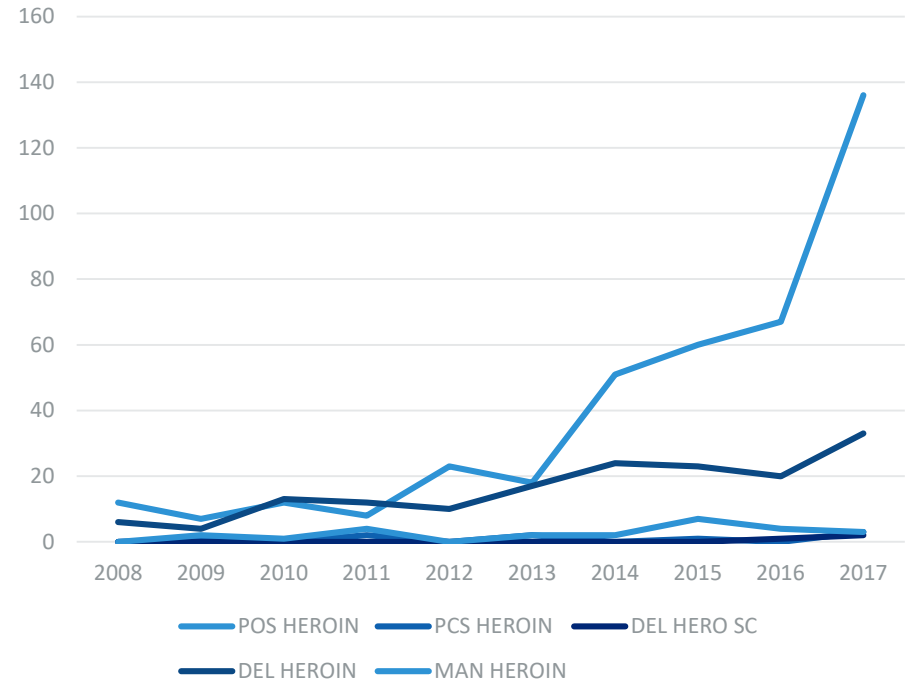
From The Criminal Justice Perspective

# The Rise in Heroin Cases

Starting in 2014, Jackson County saw a significant rise in Opioid related offenses and admission to supervision.

Like most of Oregon and the United States, Jackson County was unprepared for such an explosion of new Justice Involved Adults (JIAs) with significantly different needs than those that were suffering from Meth Use Disorder or general criminality issues.

Admissions of Statutory Heroin Cases  
2008-2017



# History of Criminal Justice Response to Persons Suffering from Substance Use Disorders



Compliance  
Driven



Abstinence  
Focused



Sanction/Custody  
Heavy



## SUPERVISION

## IMPACT

### **Abstinence Focused**

- Entire Supervision Drug Focused
- Resource Brokering

### **Focus on Technical Violations**

- Lots of Violations for Non-Criminal Behavior
- No Skill Building

### **Negative Reinforcement Based**

- Jail Most Used Intervention
- Forced Detox
- “Rock-Bottom” Belief System

### **Symptom Focused not Client Focused**

- Becomes about UA/Drug/PO not Behavior
- Not PO’s Problem, “Treatment’s” Problem

### **Focus Compliance not Change**

- Lots of Absconds
- Checking Boxes

### **Making Matters Worse**

- Jail Overcrowding
- Possibility of Increase in Crime
- Clients Physically & Emotionally Suffering





## **Negative Reinforcement Based**

- **Jail Most Used Intervention**
- **Forced Detox**
- **“Rock-Bottom” Belief System**

## **Making Matters Worse**

- **Jail Overcrowding**
- **Possibility of Increase in Crime**
- **Clients Physically & Emotionally Suffering**



# Becoming Part of the Solution

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Creation Of The OUD Caseload

# Caseload Priorities



Prioritize offender reporting



Strength-based approach



Safety focused



Emphasis on Medication Assisted Treatment



SUPERVISION	IMPACT
<p><b>Case Planning</b></p> <ul style="list-style-type: none"> <li>• Goal Orientated</li> <li>• Wellness Focused – Treat the Whole Person</li> <li>• Skill Building</li> </ul>	<p><b>Behavior Focused</b></p> <ul style="list-style-type: none"> <li>• Client Participation – Reduced Absconds</li> <li>• Tackle the Problem not the Symptom</li> <li>• Learn New Skills – PO Part of Treatment Team</li> </ul>
<p><b>Strength Based</b></p> <ul style="list-style-type: none"> <li>• Use of Positive Reinforcement</li> <li>• Build Self-Efficacy</li> </ul>	<p><b>Empowering Clients</b></p> <ul style="list-style-type: none"> <li>• Better PO-JIA Relationship</li> <li>• Clients Active in the Change Process</li> </ul>
<p><b>Focus on Safety</b></p> <ul style="list-style-type: none"> <li>• Jail Utilized to Interrupt Safety Concerns</li> <li>• Technical Violations Viewed as Treatment Concerns and/or Skill deficits</li> </ul>	<p><b>Better Resource Allocation</b></p> <ul style="list-style-type: none"> <li>• Reduction in Jail Usage</li> <li>• Less Forced Detox</li> <li>• Reduction in Need to Rebuild Support Systems</li> </ul>



## Focus on Safety

- Jail Utilized to Interrupt Safety Concerns
- Technical Violations Viewed as Treatment Concerns and/or Skill deficits



## Better Resource Allocation

- Reduction in Jail Usage
- Less Forced Detox
- Reduction in Need to Rebuild Support Systems

# Client Profile

## Highlights

- Nearly even gender split
- MostJIAs had a significant criminal hx
  - 16JIAs had 10 or more prior arrests
  - 13JIAs had more than 5 prior convictions
- Unexpectedly the average number of convictions for property/disorder crimes per offender was more than double the number of drug offenses
  - Only 4JIAs did not have a prior property/disorder conviction

Participant Demographics	
Gender of offenders	Males: 11
	Females: 10
Age of offenders	Avg: 31.14
	Range: 22 - 43

Prior Criminal History	
Prior Arrests per Offender	Avg: 20.20
	Range: 1 - 70
Prior convictions per Offender	Avg: 8.29
	Range: 0 - 27
Prior Drug Offenses Conviction per Offender	Avg: 2.24
	Range: 0 - 11
Prior Property or Disorder Crime Convictions per Offender	Avg: 4.95
	Range: 0 - 20
Prior Person Offenses Convictions per Offender	Avg: 0.71
	Range: 0 - 4

# Current Supervision

## Highlights

- 14 JIAs are supervised on 2 or more cases
- 5 JIAs received Dispositional Departures for direct entry onto caseload
- JIAs had received 155 prior probation violations prior to starting MAT and only 5 during MAT participation

Supervision	
<b>Total Supervised Offenses per JIA</b>	Avg: <b>2.95</b> Range: <b>0 - 8</b>
<b>Supervised Drug Offenses per JIA</b>	Avg: <b>1.95</b> Range: <b>0 - 7</b>
<b>Supervised Property or Disorder Crimes per JIA</b>	Avg: <b>0.81</b> Range: <b>0 - 8</b>
<b>Supervised Person Offenses per JIA</b>	Avg: <b>0.10</b> Range: <b>0 - 1</b>
<b>Most Serious Supervised Case per JIA</b>	Felony Conditional Discharge: <b>2</b> Felony Probation: <b>9</b> Post-Prison Supervision: <b>5</b> Felony Downward Departure: <b>5</b>

# Recidivism

## Highlights

- More than 75% of participants have not reoffended
- All 4 JIAs who reoffended had High risk recidivism scores on the LS/CMI or WRNA (2 males and 2 females)
- Of the 17 who did not reoffend:
  - 9 males scored High risk on the LS/CMI
  - 5 females scored High risk on the WRNA
  - 2 females scored Moderate risk on the WRNA

Recidivism	
<b>New Convictions since starting MAT Services</b>	
	<b>Total: 6</b>
	<b>Drug: 4</b>
	<b>Property: 1</b>
	<b>Pers: 1</b>
<b>Number of JIAs who Reoffended (all have discontinued MAT services) during observation period</b>	<b>4 JIAs</b>
<b>Number of JIAs who <u>did not</u> Reoffended during observation period</b>	<b>17 JIA</b>



# Incarceration

## Highlights

- From a resource perspective 388 custody beds not utilized over a year could provide some relief for jail overcrowding issues

## Comparison of Incarceration Utilization of MAT of OUD Caseload Clients & Estimated Cost Savings

Demographics	Custody Days in Year Prior to MAT Entry:	Estimated Custody 1 year Post MAT entry:	Estimated difference in incarceration days & cost 1 Year after MAT Entry
All participants (N=21)	<b>638 days</b>	<b>250 days</b>	<b><u>388</u> custody days saved</b>

## Incarceration

### Highlights

- From a pure monetary perspective \$42,680 savings just from 21 clients is significant (\$110/day)

**388 custody days saved**

**Estimated Cost Savings\*: \$42,680**

# Incarceration

## Highlights

- In addition to actual cost, the reduction in incarceration may translate to less social cost, psychological impacts, and reduce the likelihood of overdose/death

- ◆ Reduces the risk of overdose death on re-entry <sup>1</sup>
- ◆ Reduces recidivism <sup>2</sup>
- ◆ Reduces harm from ongoing use when incarcerated
- ◆ Is associated with reduced future substance use and increased treatment <sup>3,4</sup>
- ◆ Is associated with reduced overall costs for the criminal justice system <sup>5,6</sup>

# The Jail is the Nexus

Nearly everyone who enters the Criminal Justice System goes to jail

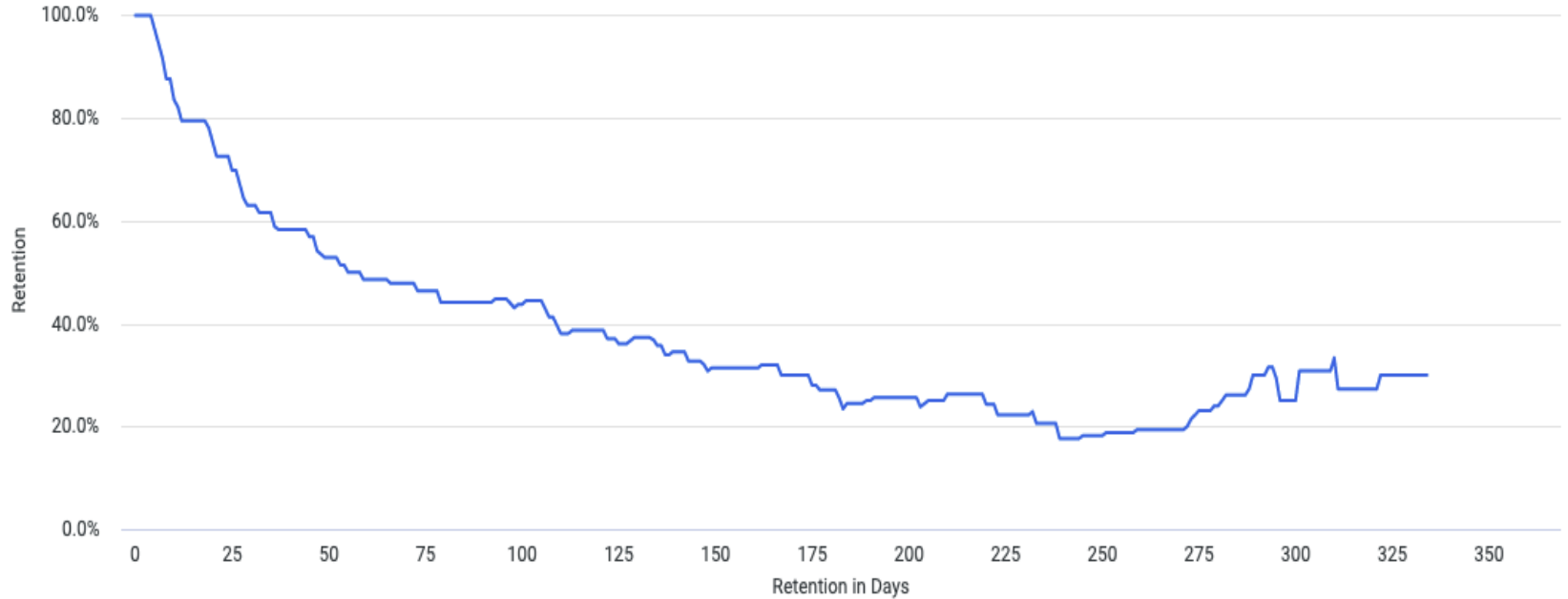
MOUD while Incarcerated May:

- Reduces the Negative Impact of Incarceration
- Increases the opportunity for change post release
- Saves lives

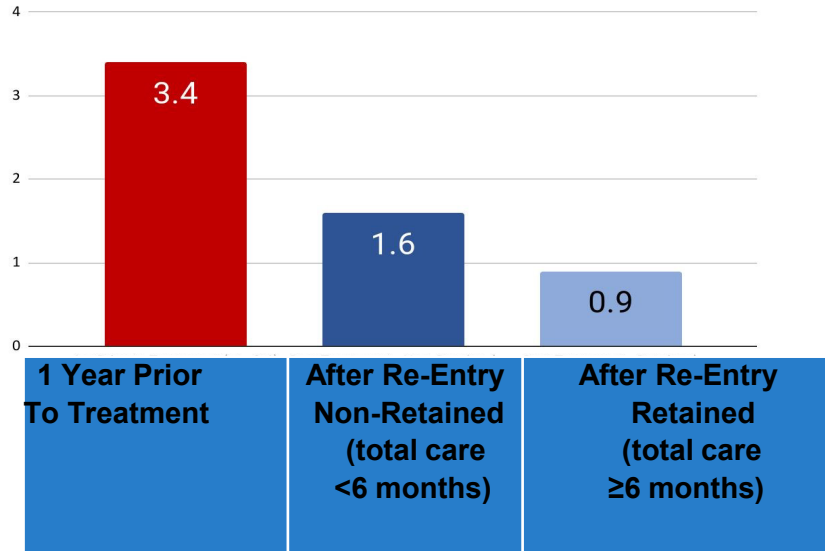
# Jackson County Transition Center MOUD Program

- Jail Overflow, Transitional Housing, Fed Beds, & a 4-month Correctional Treatment Program
- Rolled out during COVID and the Alameda Fire

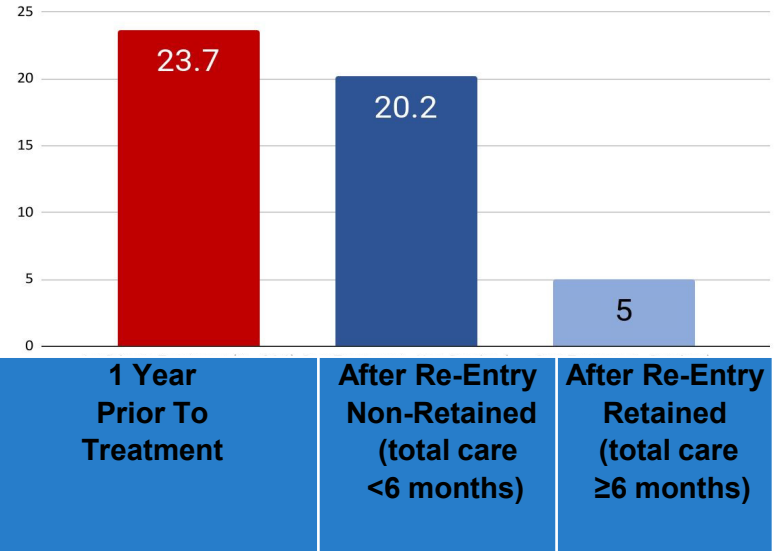
# CJTC MOUD Program Patient Retention



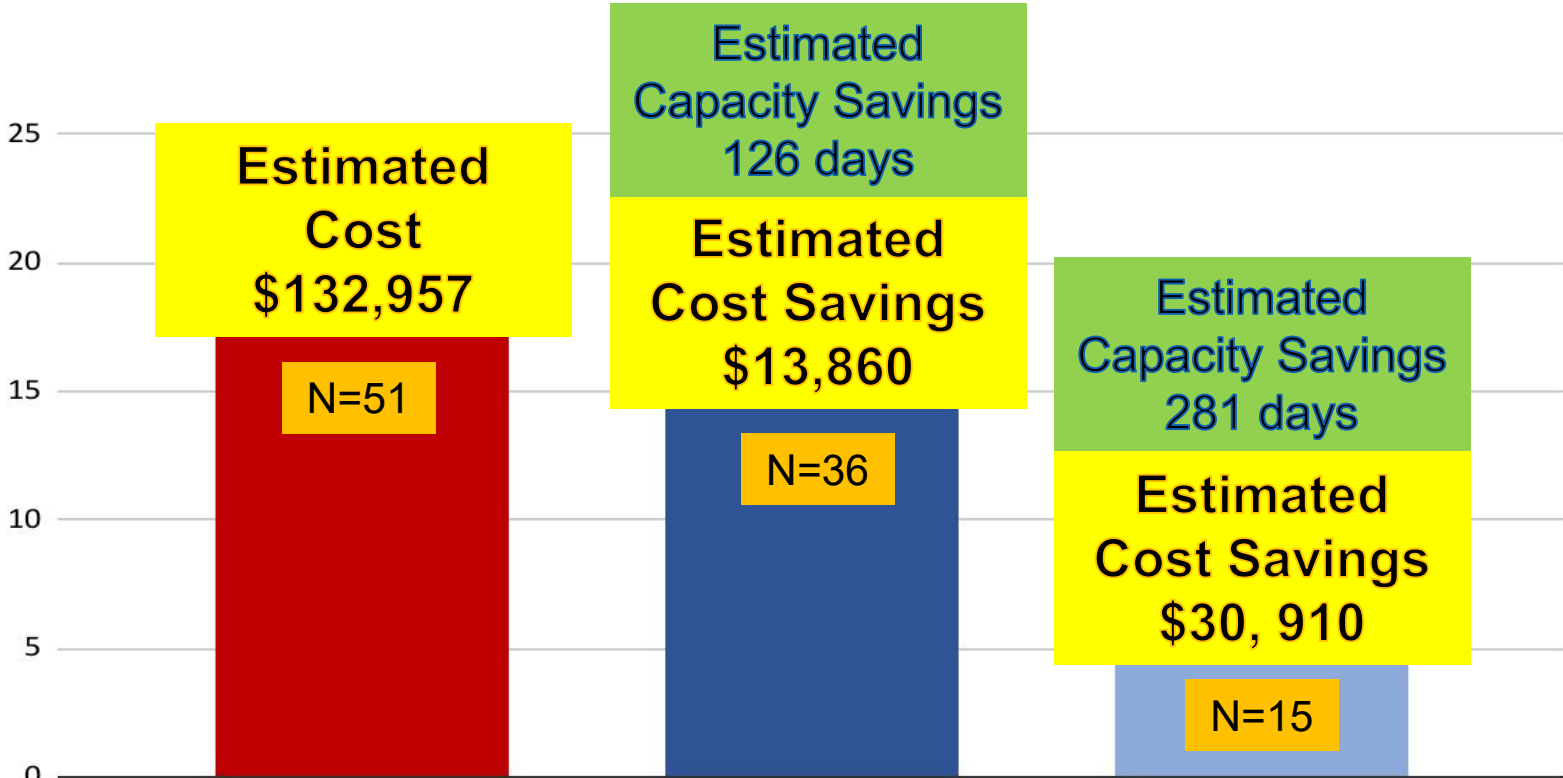
## Average Arrests Per Year



## Average Days in Custody



# Estimated Cost & Capacity Savings



Total Estimated Capacity Saving: 407 days

Total Estimated Cost Saving: \$44,770





# Strategy: Connecting with Community Corrections

- ◆ Find a Champion
  - ◆ Listen to your patients or AIC for correction staff
  - ◆ Ask Colleagues or Friends
- ◆ Engage from a Helping Angle/Partnership with PO
- ◆ Highlight ANYTHING that can Reduce Work for the PO
- ◆ Reach Out to a PO You Know or Reach Out to Me

# Reference

- ◆ Green TC, Clarke J, Brinkley-Rubinstein L, et al. Post Incarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA Psychiatry*. 2018;75(4):405-407.
- ◆ Evans EA, Wilson D, Friedmann PD. Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder. *Drug Alcohol Depend*. 2022;231:109254.
- ◆ Dugosh KL, Festinger DS. Ohio Addiction Treatment Program Evaluation Final Report. Treatment Research Institute; 2017. <https://mha.ohio.gov/static/CommunityPartners/criminal-justice/atp/ATP-Evaluation-Final-Report-FY2016-2017977f.pdf>
- ◆ Moore KE, Roberts W, Reid HH, Smith KMZ, Oberleitner LMS, McKee SA. Effectiveness of medication assisted treatment for opioid use in prison and jail settings: A meta-analysis and systematic review. *J Subst Abuse Treat*. 2019;99:32-43.
- ◆ Krebs E, Enns B, Evans E, et al. Cost-Effectiveness of Publicly Funded Treatment of Opioid Use Disorder in California. *Ann Intern Med*. 2018;168(1):10-19. 9.
- ◆ Krebs E, Urada D, Evans E, Huang D, Hser YI, Nosyk B. The costs of crime during and after publicly funded treatment for opioid use disorders: a population-level study for the state of California. *Addiction*. 2017;112(5):838-851

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Thank You

# Medication Assisted Treatment

- Jackson County Community Justice encourages and supports the use of Medication Assisted Treatment (MAT) of clients with Opioid Use Disorders.

Emphasis on MAT includes:

- **Support for Offenders:** MAT supported through PO referrals, motivation interviewing, and barrier reductions
- **Community Partnerships:** Formalized and informal partnerships established with MAT prescribers
- **Training for Staff:** Supervising PO with extensive education and training on Opioid Use Disorder and MAT. Supervising PO a resource for staff through official training and ongoing support