

President's Commission on Law Enforcement and the Administration of Justice

HEARING THREE (Days 1-3) SOCIAL PROBLEMS IMPACTING PUBLIC SAFETY Conference Call Homelessness, Programming, and Substance Use Panels March 31 – April 2, 2020

Summary

Call to Order and Welcome

Chair Phil Keith welcomed the attendees to the third hearing of the President's Commission on Law Enforcement and the Administration of Justice. On behalf of Attorney General Barr and his leadership team, he expressed their appreciation for everyone's flexibility to attend the hearing. Chair Keith greeted and thanked everyone for attending the teleconference. Chair Keith also thanked several staff members who supported and facilitated the organization and the coordination of the hearings.

The Promise

**“The homeless need a warm bed
and regular meals and medication.
It's such a better alternative than
sleeping on cardboard or on
concrete or talking to somebody
who's not there.”**

John Ashmen

Opening Statements by Commissioners

Chair Keith opened by explaining that the three days of hearings, March 31 through April 2, would focus on social problems impacting public safety, including how homelessness and substance use impact public safety and Federal Programming and funding available to address them. The first day's hearings focused on Homelessness. Witnesses for the hearing included Chief Mike Brown, Salt Lake City Police Department; Mr. John Ashmen, President of Citygate Network; and Chief Brian Redd, Utah Bureau of Investigation.

Note: Prior to the hearing, panelists' biographies and written testimonies were delivered to the Commissioners for their consideration and review.



Panel One—Homelessness —March 31, 2020

First Panelist: Chief Mike Brown, Salt Lake City Police Department

Highlights:

- Criminal elements hide easily among and prey upon those that are the most vulnerable, further compounding the issues of homelessness.
- Law enforcement is the most expensive, least effective tool to directly impact the underlying issues of mental health and substance use that lead to homelessness.
- Social workers and case managers are hired to work with police officers who work among the unsheltered community to build trust, offer services, and create alternative path resources while avoiding arrest.
 - The Community Connection Center is known as the CCC that bridges the gap between treatment and law enforcement, and offers access to case management, diversion options and resources.

The Dilemma

“Law enforcement is the most expensive, least effective tool to directly impact the underlying issues of mental health and substance use that lead to homelessness. In essence, law enforcement has become the Swiss Army knife of social reform.”

Chief Mike Brown

- Jane Doe, a 42-year-old female was identified as a high utilizer of emergency services. Between 2013 and 2016, she was involved in more than 70 police-related events, had 69 emergency room visits, more than 354 non-emergency-related visits to hospitals or doctors, and more than 1,000 notes in the hospital system. The estimated total cost for Jane's police and medical encounters was calculated to be about \$240,000 over three years.
- With the case management and intervention of social workers and the CCC, Jane was eventually placed on the wait list for the Utah State Hospital, and then voluntarily decided to go to a long-term care center.
- Today, Jane has not used any emergency medical services or called for first responder assistance, since being placed into that care facility -- a huge difference for Jane and emergency responders.
- There is not enough funding for programs like these. But the entire community is paying for it, one way or another.

Recommendations:

- Set up and properly fund receiving centers that allows officers to have a place to drop people off and provides clients such wraparound care as medical, mental health, substance use and housing. Many successful models are run by behavioral health agencies or hospitals, who have direct access to medication and providers and are used as an alternative to jail. Jail beds can be a useful way to provide intervention and accountability, but that must be coupled with access to wraparound care and on-boarding people into treatment and services. The community cannot arrest its way out of this problem.
- In the 1960s, there were 600,000 beds for inpatient mental health treatment for a population of about 150 million people. Today, there are only 50,000 beds available for a population that has more than doubled.

- More detox facilities and treatment beds are needed. Beds need to be available. Access to more inpatient psychiatric care is also needed along with affordable insurance and Medicaid expansion.
 - Vouchers to private services or state-funded facilities are a key piece of addressing underlying issues leading to homelessness.
- There is a need for more housing, specifically supportive housing options, with social workers in the apartment complex or assigned to the person to help them maintain their housing.
- All evidence-based interventions indicate that case managers are a critical component for unsheltered people to achieve the best outcome over time.
- Educate communities about the complex system of homeless outreach. Stakeholder engagement and coordination is a crucial factor to achieve client advocacy.
- Implement evidence-based interventions. Interventions as those outlined and employed in Salt Lake City can have a benefit of more than \$58 per every dollar spent.
 - Studies also show that every dollar spent on substance use disorder treatment saves \$4 in healthcare costs and \$7 in criminal justice costs.

Second Panelist: John Ashmen, President of Citygate Network

Highlights:

- There are reasons for homelessness. One solution often focused on in most programs is the lack of affordable housing. Even though experience reveals that homelessness is a multifaceted problem that requires a multifaceted solution.
- When individuals are not adequately punished for the crimes committed, nothing is going to change.
- It's very important for police officers to be trained in trauma-informed care.
- Police officials should not be made into sanitation workers or be put on "poop patrol" if sanitation workers don't show up. That's just not what officers should be doing.
- Half of America saw the movie, "One Flew Over the Cuckoo's Nest," and thought it was a documentary and got freaked out. The homeless need a warm bed and regular meals and medication. It's such a better alternative than sleeping on cardboard or on concrete or talking to somebody who's not there.

“Homelessness is a multifaceted problem that needs a multifaceted solution. And that multifaceted solution needs to take into consideration all of the problems that we’re dealing with here. It’s a lack of education, lack of job skills, wage disparity, mental illness, and recreational marijuana.”

John Ashmen

Recommendations:

- Do not criminalize homelessness, but do enforce the law.
- Communities need to look at establishing more alternatives, like the diversion court system.
- Give youth opportunities to participate in alternative options, rather than jail.
- The police force needs special training on how to handle people who are in the homeless community.

- That specialization isn't seen very often and is lacking. Departments need to go in that direction and acknowledge people who have had this kind of training.

Third Panelist: Chief Brian Redd, Utah Bureau of Investigation

Highlights:

- Operation Rio Grande is a program that was created in 2017. It focuses on reducing crime and social disorder in the Rio Grande District in Salt Lake City.
 - The program closed a large 1,000-bed emergency shelter in the Rio Grande District.
 - The encampment of over 2,000 individuals formed around the emergency shelter is gone.
 - It then developed three smaller resource centers to improve delivery of services in a safer environment.
- Chief Redd was given the responsibility to help develop a law enforcement strategy in cooperation with the Salt Lake City Police Department that would rid the area of social disorder, crime, and victimization.
- Chief Redd's relationship with Chief Brown and area service providers is critical for the effective delivery of services and public safety for vulnerable populations, including the homeless.
- Operation Rio Grande has a three-pronged approach, including law enforcement response, treatment and housing focus, and a dignity of work phase designed to help individuals become self-sufficient.
 - The purpose is to create a safe environment, increase treatment resources, and deliver opportunities for long-term stabilization for individuals.
- Operation Rio Grande is an attempt to allow for a safe environment for people to make change.
- From the law enforcement perspective, officials focused on two main objectives: to reduce crime and improve public safety and to connect people to services. This was accomplished by increasing the uniform presence and foot patrols in the Rio Grande District.
- Specialized criminal enforcement teams have been used to root out the drug distribution networks.
- The legal encampment no longer exists in the Rio Grande District, and the shelter is now closed.
- Hundreds of individuals are being connected to services.

“Accountability to the law and support to individuals struggling with addiction and mental health issues are not mutually exclusive. Both can be accomplished and I feel like our officers did very well in holding individuals accountable while supporting them in their individual needs.”

Chief Brian Redd

Recommendations:

- Encourage more information sharing, data collection, and collaboration between police, treatment and service providers is critical to public safety, helping people and addressing the overutilization of the criminal justice and crisis service systems.
- Environmental improvements and regular clean-ups are necessary for safety and public health. Outreach to the community and transparency is necessary and helpful.

- There is a need for more diversion programs and receiving centers, which are important. These programs give law enforcement options in lieu of arrest or sending somebody to the emergency department.
- Treatment capacity and affordable housing are critical to long-term success.
- Crime disorder must be addressed; vulnerable populations need to be protected.

March 31 Question-and-Answer Period

- Q:** What are your thoughts or comments on the impact of what is happening in many areas across the country regarding the strong push to release inmates into the community when they are unprepared for housing or treatment?
- A:** Organizations like Prison Fellowship are set up to help individuals who have been recently released. Safe landing zones are established to assist them.
- Q:** Describe the receiving center that is in Davis County and how it works?
- A:** The receiving center in Davis County opened in January or February of 2020. Essentially, it takes 5.57 minutes for a law enforcement officer to drop someone off and get them connected. Of the 64 individuals that had been placed into the receiving center, roughly 52% of those have remained in treatment. Davis County has a fairly consolidated behavioral health system. If an individual does not maintain treatment, the service providers may notify law enforcement if treatment has not continued. An email would then be sent to the police department and charges would then be filed.
- Q:** What is the impact of what is happening in many areas across the country where individuals are being released to mitigate the spread of COVID-19 while incarcerated?
- A:** There is an increased demand for shelter. Utah has identified short term housing in Salt Lake County. It has identified some quarantine and isolation facilities. Individuals who are 60 and older are being moved out of the resource centers and into motels and then issued a stay-at-home to those individuals that are at higher risk. There is a high concern that should COVID-19 get into the homeless population that it is going to spread quickly.

Panel Two—Federal Programming—April 1, 2020

First Panelist: Christopher Patterson, Region IX Administrator, U.S. Department of Housing and Urban Development; National Lead, Foster Youth to Independence Initiative

Highlights:

- Mr. Patterson was in the foster care system from birth to age five when he was put into an adoption home.
- At age 12 he was put back into the foster care system and from there aged out of the system, until he graduated from high school and went into Jobs Corp in Curlew, Washington.
- Mr. Patterson's pursuit of higher education changed his life.
- HUD's Emergency Solutions Grants assist people to quickly regain stability in permanent housing after experiencing a housing crisis or homelessness.
- Rather than warehousing homeless people, this program now supports the Housing First Approach.

“Obviously most people realize the statistics for foster youth are grim... most of us (foster kids) are pretty tenacious individuals, at least, I speak for myself anyway.”

Christopher Patterson

- The HUD continuum of care (COC) model provides funding for outcome-driven efforts by non-profits, state and local governments
Exceeding \$2 billion in funding nationally, this is the Federal government's largest pool of targeted homeless funding to quickly rehouse homeless individuals and families and promote self-sufficiency and supportive services.
- The Supportive Housing Program is designed to promote the development of supportive housing and supportive services to assist homeless persons in transition from homelessness to promote provisional supportive housing to enable homeless persons to live as independently as possible.
- Grants under the Supportive Housing Program are awarded nationally and competitively and are made annually.
- HUD-VASH is a joint venture with the Department of Veterans Affairs using HUD's Housing Choice Voucher program.
 - The VA identifies and connects each eligible homeless Veteran to the housing vouchers, while delivering case management and healthcare services to the Veteran.
- More than 20,000 of the people age out of the foster care, according to the National Center for Housing and Child Welfare. Twenty five percent of these young people will experience homelessness within four years.
- Foster youth are aging out of the system between ages of 18 to 25, and they are our nation's future and future workforce. They are one of the most susceptible populations to trafficking, abuse, and physical abuse.
- The Foster Youth to Independence Initiative is a unique program for youth aging out of the foster care system.
 - Under Secretary Ben Carson's leadership, the program was spearheaded by 20 former and current men and women who were in foster care.

Recommendations:

- There needs to be a disruption to the pipeline of children going from foster care to prison as adults. Interventions that provide opportunities for housing and jobs for aging-out foster youth perform such a role.
- One of the best interventions is vocational training held in vocational learning spaces that provide mentoring opportunities for foster youth: an example is Job Corp.
- Stable housing is key to helping foster youth not become a statistic. HUD has housing vouchers, but public housing authorities and child welfare agencies must work together to ensure foster youth in need of a home can access and use these vouchers.

Second Panelist: Dr. Matthew Miller, Acting Director for Suicide Prevention, Department of Veterans Affairs (VA)

Highlights:

- Suicide has been on the rise across the nation for 20-plus years. From 2005 to 2017, there was a 43.6 percent increase in the number of suicide deaths in the general American population. In 2005, more than 31,000 Americans died by suicide. In 2017, more than 45,000 Americans died by suicide. According to recently released Centers for Disease Control and Prevention data from 2018, the number has now risen to greater than 48,000.
- Across the same time period, there was a 6.1 percent increase in the number of suicide deaths in the veteran population. The total number of veteran deaths by suicide has hovered around 6,000, since 2008 the rate has increased.
- The rate of suicide was 2.2 times higher among female veterans, compared with non-veteran adult women from 2017 data.
- The rate of suicide was 1.3 times higher among male veterans compared with non-veteran adult men within the same timeframe.
- Male veterans ages 18 to 34 experienced the highest rates of suicide and male veterans ages 55 and older experienced the highest count of suicide.
- Recent research reveals that police officers and veterans may share similar risk factors: alcohol and substance use, domestic or personal problems, and elevated levels of PTSD.
- First responders may experience such similar risk factors as occupational hazards and exposures: exposure to suicide, access to such lethal means as firearms, erratic work schedules that result in sleep disturbances, which disrupts family life, and personal and the professional stigma related to accessing mental health services.
- The VA has a six-year strategic plan called Suicide Prevention 2.0., which is their long-term suicide response plan. This plan centers on a public health approach to suicide prevention, wherein clinically

“The Veteran’s Crisis line engages approximately 1850 calls the last two weeks. It’s been over 2000 calls per day. We see an additional 400 contacts to chat and text. We submit 360 referrals per day to VHA healthcare. We also engage 80 emergency dispatches per day, 30,000 a year....”

Dr. Matthew Miller

based interventions are combined with community-based interventions. The VA has a plan to immediately flatten the curve of suicide, and it is called the "Now Plan."

Recommendations:

- Outreach programs to veterans must be reviewed for cultural sensitivity so as to remove any barriers to effectiveness. For instance, one of the VA program suicide prevention trainings called S-A-V-E, was reviewed by members of several Native American tribes and they alerted the VA to segments in both the training facilitation and materials that would be counter to tribal culture, which renders it ineffective, if not changed.
- Veteran courts are effective and essential for the recovery process of many individuals by facilitating their entry into care and maintenance of mental health and overall care. This helps in fighting recidivism and decreases the percentage of calls that are mental health-related.
- Suicidal people need to separate themselves, or others need to separate them, from weapons and ammunition to save their lives. The introduction of time and space between a person, a firearm, and ammunition save lives.
- Continuous efforts are needed to decrease the stigma associated with mental health, mental health care, and care associated with recovery.

Third Panelist: Dr. Robert Marbut, Executive Director, U.S. Interagency Council on Homelessness

Highlights:

- With homelessness, there is a tendency to group everybody as the same when in fact there are seven to eight major types of homelessness. The cohort with the highest contact with law enforcement is what HUD defines as people experiencing unsheltered homelessness (street-level homelessness), or those individuals living in rural or urban encampments, parks, and moving around.
- In San Diego police officers used to pick up individuals with undiagnosed issues that did not require jail, and took them to the emergency room (ER). Evaluations conclude that this was a very expensive alternative to jail and had individuals bouncing from jail to the ER. It was in San Diego in response to this problem that HOT teams were first implemented, wherein pairs of officers received specialized training, started conducting outreach with homeless individuals and formed a frontline for dispute resolution and formal diversion.
 - A HOT Team is a Homeless Outreach Team.
- HOT Team version 2 was created in Pinellas County in St. Petersburg, Florida. There, a HOT Team consisted of one police officer and one civilian social worker, with experience in the world of homelessness. They found this combination worked well, allowing for law enforcement to lead when needed, and in other cases when appropriate, for the social worker to take the lead, providing safety and security and allowing for direct outreach and intervention to take place simultaneously.
 - The county has five HOT Teams today that are effective in curbing 911 calls related to homelessness and non-criminal issues.

"...they created this HOT team and it was simply two officers who got a lot of street training and also got a lot of street credibility with the community experiencing homelessness and they started outreaching."

Dr. Robert Marbut

- Some communities have now moved on to HOT Team version 3 which are sometimes called multi-discipline teams. These teams often have an officer, a social worker, and a drug counselor or mental health professional. These multi-discipline teams are more feasible for large-scale engagements, as they are more costly to run.
 - HOT Teams version 2 or 3 are most effective when there is a mix of gender, race and ethnicity among team members that appropriately match the local community. These are the most powerful teams.
- Officers on the street with positive engagement can become trusted members of the community they serve, including the homeless community.
 - In one California community, a team engaged a man experiencing homelessness who specifically requested to speak with the officer instead of the social worker, because he trusted the officer more.
 - In Salt Lake City, they are having much better luck with an officer and social worker pairing, than a traditional social worker outreach program.
 - It takes perseverance, just checking and rechecking with people, which builds credibility and trust, and is an important factor to success.

Recommendations:

- Departments should create and deploy HOT Teams either version 2 (a team consisting of an officer and a social worker) or version 3 (a team consisting of an officer, a social worker, a drug counselor and/or mental health professional) to engage the population experiencing homelessness in their communities.
 - HOT Team version 2 is effective in both servicing people who are homeless and most departments can afford two-member teams.
 - HOT Team version 3 can be deployed during a departmental push to reach the local homeless community, over a specific period, when more resources may be needed or can be allocated.

April 1 Question—and—Answer Period

- Q:** American Indians and Alaska Natives have the highest representation in Armed Forces. Likewise, suicide disproportionately affects these groups. Is there any evidence-based and culturally sensitive programs to combat suicide rates among law enforcement officers of Native American and Alaska Native communities?
- A:** The VA currently does have a program that focuses on Native Americans regarding suicide prevention. It is important to have a culturally sensitive review of outreach programs.
- Q:** How effective are veteran courts that have been in operation around the country and that are being considered by jurisdictions?
- A:** Veteran courts can be highly effective and essential within the overall recovery process. They facilitate entry into and access to care. They encourage and reinforce maintenance and continuation in mental health care and overall care. Those are both really important factors in terms of fighting recidivism. If this can be implemented across the system, there will be a reduction in recidivism.
- Q:** What are the red flag laws that are being passed by state legislatures around the country and how effective are they?

- A:** “Lethal Means Safety” is a term that refers to decreasing the mortality rate associated with certain forms commonly used to implement suicide. In the veteran population, fire arms are used 70% of the time as a lethal means. All data indicates the same is true within the police force and the general population. Many times, suicide is an impulsive--in the moment--act. When individuals in these moments have access to firearms, the chances of suicide and death by suicide increase up to six times. People must be made to understand that there may be a time and a place to separate themselves from weapons and from ammunition to save their life. The window of time between when someone is thinking about suicide, decides suicide, and goes to implement suicide can be as short as 5 to 60 minutes. If there is an introduction of time and space between a person, firearm and ammunition in those windows of time, a significant difference will be made regarding suicide. The VA does not engage in laws and legislation from a common carry perspective, but is always looking for opportunities to discuss Lethal Means Safety. The VA is looking for ways to decrease the stigma associated with mental health, associated with mental health care, and associated with recovery.
- Q.** In a question that was directed to Christopher Patterson, he was asked to describe his unique perspective of the foster care system, especially since as a child he was in the foster care system, and now works in Federal programs to support children currently or formerly in the foster care system. He was further asked about what he understood the greatest gaps to be, when it concerned law enforcement.
- A:** Mr. Patterson mentioned that the biggest thing that should change is the pipeline. Any law enforcement officer will be able to determine that there is a glaring correlation between foster care and prison. Vocational training and mentoring opportunities are no longer as available for youth in foster care. Vocational training programs provide youth with an opportunity that helps them avoid that direct pipeline, at the age of 18, which oftentimes leads to prison. If we give youth in foster care opportunities to change the course, we can do a lot more to reduce the number of youth experiencing homelessness.

Panel Three - Substance Use - April 2, 2020

Mr. Phil Keith, Chair, discussed that the focus continues to be on social problems that are impacting public safety. Commissioners were encouraged to take notes for questions during the panelists' presentations. It was announced that Mr. Carson Fox, Mr. Michael Sena, and Sheriff Peter Koutoujian would offer their testimony, immediately followed by questions from the Commissioners. The session would then continue with the expert testimony of U.S. Attorney Michael Stewart and Orange County Probation Chief Deputy Susan DeLacy.

First Panelist: Carson Fox, Chief Executive Officer of the National Association of Drug Court Professionals (NADCP)*Highlights:*

- The NADCP is the membership, training, and advocacy organization for the over 4,000 treatment courts across the United States, including but not limited to adults and juveniles.
- Law-enforcement plays a crucial role in the success of treatment courts around the nation.
- Law enforcement is on the front lines of the nation's addiction epidemic, therefore to stop the crisis, the role of law enforcement is paramount.
- The ongoing support and partnership with law enforcement in implementing and supporting treatment solutions is a necessity.
- In communities where treatment court thrives, it is the support of law enforcement that makes the key difference.
- Research shows that the involvement of law enforcement is associated with an 80 percent reduction of recidivism relative to courts that do not have law enforcement representation.
- With support from the Bureau of Justice Assistance last year, NADCP worked with law enforcement officers to develop and pilot a new curriculum to train law enforcement on the fundamentals of treatment courts, crisis intervention, building community linkages, and understanding and addressing secondary trauma.
- Law enforcement works with other criminal justice and health care professionals in treatment courts and play an important role in treating addiction.
- Research shows a tremendous amount of success from drug courts noting they were the most successful intervention method for high risk/high need individuals.
- Adult drug court was successful for the population that no other intervention had ever been successful with. There is an 88 percent recidivism rate among defendants who do not have access to treatment courts.

The Promise

“The young man was struggling with addiction and he broke into a home... He later discovered the home belongs to none other than the Charleston Chief of Police. The young man was arrested and it was determined he had a substance use disorder, and he was given an opportunity to participate in drug court... The chief followed the young man's progress, as he participated in intense substance use treatment and was subjected to close supervision and strict accountability. With help from the program, the young man found a job. He surprised the Chief by handing him a restitution check for over \$1,100.”

Carson Fox

Recommendations:

- Encourage law-enforcement to be active members of their treatment court and work closely with treatment court teams to ensure the total population is served.
- Encourage, at the national level, the continued education on treatment court best practices, so that all treatment courts follows the research to achieve the best possible outcomes and recognize the invaluable contribution and partnership law enforcement plays in the success of these programs.

Second Panelist: Michael Sena, Director of the Northern California High Intensity Drug Trafficking Area (HIDTA)

Highlights:

The Dilemma

“The National Survey on Drug Use and Health for 2018.....found that approximately 20.3 million people age 12 or older had a substance use disorder...”

“The cycle of addiction often leads to a life of crime, homelessness, and in some cases, it also aggravates mental health issues.”

Michael Sena

- The HIDTA Program is spread across 29 designated areas to carry out activities that address the specific drug threats of those areas. HIDTAs cover all 50 states and two U.S. territories.
- The purpose of the HIDTA program is to reduce drug trafficking and drug production in the United States, as a whole.
- There are over 21,300 full-time task force officers around the nation that support that overall purpose. 70 percent of those come from the states, localities, and tribes.
- HIDTA efforts, across the nation, have three goals: 1) reduce the number of folks moving narcotics on our streets; 2) increase prevention efforts; and 3) support treatment efforts.
- HIDTAs provide reliable law-enforcement intelligence, support coordinated law-enforcement, and implement strategies to maximize the use of available resources.
- Drug courts help individuals with substance use disorders, by providing them with access to treatment. They must have the ability to separate the individual from the environment that perpetuates their addiction and criminal behavior.
- In some parts of the county, methamphetamine is killing as many people as opioids are. That was the case in one tiny area in Northern California, where there was an almost equal number of those that died from methamphetamine overdoses, as those that had died from the opioid overdoses.
- Some prosecutors are making decisions to not file charges for violations of selected sections of the law that elected representatives enacted in their jurisdictions.
- Some states are reducing or eliminating penalties for committing crimes, and some communities are focused on reducing jail and prison population with no regard for the consequences. In some parts of America, there are no major consequences related to criminal behavior, including the distribution of highly addictive and deadly narcotics.
- Approximately 20.3 million people, age 12 or older, had a substance use disorder related to their use of alcohol or illicit drugs in the past year, including 14.8 million people who had an alcohol use disorder and 8.1 million people who had an illicit drug use disorder.

- Narcotic dealers also have little fear and sell potentially lethal drugs to their victims. Even though many addicts know that their next dose of drugs may be laced with fentanyl that will most likely kill them, they still take the drugs because pain or addiction is so powerful that it overrides any rational decision-making.
- This has resulted 46,802 opioid-related overdose deaths being reported in 2018.
- The Washington Baltimore HIDTA, under the leadership of Director Tom Carr, has developed the Overdose Detection Mapping Application Program (ODMAP).
- ODMAP provides free suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase or spike in overdose events.
- The cycle of addiction often leads to a life of crime, homelessness, and in some cases, it also aggravates mental health issues.

Recommendations:

- Reforms to the criminal justice system should reflect balanced perspectives, be informed by science and facts, and have public safety as their fundamental aim.
- Drug courts need to be empowered to help individuals with substance use disorder to receive the treatment that they need.
- The public safety community needs real-time information sharing to identify overdose threats and reduce loss of life.
 - ODMAP should be expanded across the nation.

Third Panelist: Sheriff Peter J. Koutoujian, Middlesex, MA; President, Major County Sheriffs of America

Highlights:

- The opioid epidemic is one of the most pressing policy issues confronting the United States today with far reaching impacts for individuals, families, neighborhoods, and communities at all levels of government. It is both a public health and a public safety issue.
- At the Middlesex County jail, just over 40 percent of new admissions require a medical detox at admission; 70 percent to 80 percent of those have a co-occurring mental health diagnosis, many of them mired in the criminal justice system for years with inadequate community-based systems of care.
- No one should have to come to jail to get good treatment. They should be able to do that out in the community. But while they do, the Middlesex County jail will provide cutting-edge programs and first-class treatment.
- Incarceration provides a unique window of opportunity. Individuals cannot leave voluntarily, are away from bad influences and stressors in the community, and have access to professionals seven days a week.
- Reentry is the window of greatest risk; individuals with opioid use disorder leaving incarceration are 120 times more likely than the general population to experience an opioid overdose. And the likelihood of death within the first month of release is six times higher than any other post-incarceration period.

“It is unconscionable to think that incarceration is arguably the easiest and sometimes only access point to dependable care but that is sadly the case.” “No one should have to go to jail to get good treatment.”

Sheriff Peter J. Koutoujian

- Sheriff Koutoujian began the Medication Assistant Treatment and Directed Opioid Recovery Program, or MATADOR, as a pilot program in the jail in 2012. It offered to inmates a form of extended release injectable naltrexone prior to their discharge.
- The pilot was a failure and was ended. A comprehensive review showed additional resources were needed, community capacity had to be built, and scientifically sound research methods needed to be developed into the program.
- The next MATADOR (2.0) iteration formalized relationships with community providers, included a full-time navigator to assist people when they left the jail, had improved communication across systems, and a comprehensive research arm.
- MATADOR 3.0 involves expanded therapy to all three FDA-approved medication assisted treatments: methadone, buprenorphine, and naltrexone. This approach allows for patient-centered prescribing.
- Data shows quite clearly that the evolution of the MATADOR program offers a clean lens from which other agencies can look if they wish to pilot a similar program.
- The MATADOR recidivism rate is just under 11 percent, which is remarkable, considering this population. The recidivism rate of their control group was over 25 percent. Over 95 percent of participants have not succumbed to an overdose.
- The loss of Federal Medicaid benefits, upon incarceration, creates an obstacle towards a continuous use of MAT upon re-entry, and punishes those who ought to be presumed innocent.
- It is not enough to give individuals medication only and assume that it is answering the drug problem, when they need the treatment along with the medication.
- Establishing, testing, and sustaining a MAT program is hard work, but these programs are an important avenue with which to address the opioid crisis.

Recommendations:

- Those in this field of treatment must strengthen the two pillars on which a successful treatment program rests: treatment and access to medication. Just giving medicine without treatment is not the answer. Medication must be given alongside treatment.
- HIPAA allows for the sharing of protected health information between correctional institutions and health providers for the purposes of treatment. Records created as part of substance abuse treatment typically require consent authorization, but individuals in jail battling a substance use disorder may lack the soundness of mind to make good decisions in their best interest and in their own best health. Inflexibility in privacy laws compromise patient-centered care by preventing information sharing between providers inside and outside the jail - a critical element to continuity of care.
- Drug Enforcement Administration regulations for MAT should be reviewed and altered to facilitate corrections-based MAT programs. Regulations were developed as a needed safeguard for community level dispensing of MAT to prevent diversion. Applying the same regulatory standards to correctional agencies in which prudent security provisions exist is an overly burdensome requirement.
- Federal healthcare benefits should not be suspended for those who have not been convicted of a crime. Federal law should firmly protect entitlement to healthcare benefits before conviction.

April 2 Question-and-Answer Period

- Q:** Is there any information on areas where there were missed opportunities for treatment of individuals because a certain area was decriminalizing drug offenses causing a lack of oversight or impetus for these individuals to get treatment?
- A:** The larger issue is that the treatment courts need to get the right people into treatment. It is important to identify them and this may be difficult from jurisdiction to jurisdiction. Many of these individuals are dealing with co-occurring mental health disorders. There is also a concern about youth and the need to ramp up juvenile programs, especially juvenile drug courts.
- Q:** How helpful is ODMAP in letting us know what kind of narcotics are responsible for overdoses and helping us get ahead of this opioid problem and understanding when other drugs like methamphetamines are involved?
- A:** ODMAP is like a canary in a coal mine indicating that there was a potential overdose or suspected overdose. It will provide information on whether there was an indication. It does not provide information on the drug type. With polydrug use, there may be multiple drugs that are in the person's system. Either first responders, medical or other public health professionals input the overdose data. In the analysis phase, the intelligence gathering and information sharing happens, and that is when we can spot regional and specific trends and spikes.
- Q:** Should BJA create a list of adult drug court protocols and when they should become necessary?
- A:** For adult drug courts, the original Drug Court 10 Key Components and other protocols are already imbedded in the Adult Drug Court Best Practice Standards. People from OJP and SAMHSA were on the panel that developed those Standards. We did recognize during the process of developing the Standards that there are still areas where there are deficits in the research in which no Standards could be articulated. For instance, many treatment court programs, especially veterans' treatment courts, use mentors. More research in the area of mentors can help figure out protocols for mentors.
- Q:** Going to prison and getting treatment is what saves addicts. Prisons and jails are no longer detention centers because they are really treatment centers. This has an impact on staff and those who work in these facilities. Discuss that in terms of the changes that have been made because of the high level of addiction issues and what needs to be done going forward?
- A:** The field of corrections has changed significantly. It is not possible to arrest or incarcerate your way out of this. As a society we are not providing for the needs of the population. This is a very sick population that's not being dealt with on the outside and we're dealing with it on the inside. It's no secret that the three largest mental health treatment facilities in the country are LA, Rikers, and Cook County jails. No one should have to come to a jail to get good treatment. Sheriffs across the country have been dedicated to turning out people that are a little better than when they came in, by starting reentry plans on the day that they enter the facility.
- Jails address their risk and needs factors, stabilize mental health, and address substance use. The mission has changed significantly and this is where we can do our most good. Hopefully we don't have to incarcerate them again so we can save more money. They're not on social programs, their families are not on social programs, they tend to their family, they have a job, are earning wages, and paying taxes.

Forth Panelist: Michael Stuart, United States Attorney for the Southern District of West Virginia

Highlights:

- U.S. Attorney Stuart is the proud son and grandson of coal miners. He is from the hills of West Virginia. He earned and paid his way through college and attending West Virginia University Law School.
- West Virginia is particularly challenged on many levels - high levels of poverty, low levels of educational attainment, poor health statistics, the second oldest population in the country, and a population that was crushed by the opioid epidemic.
- There is not a city, town, church, school, street, or family in West Virginia that hasn't been personally impacted by this crisis, and it's generational - from father to son to grandson.
- West Virginia has had the unwanted distinction of having the most overdose deaths per capita in the nation for multiple years and the highest rate of grandparents raising grandchildren in the nation due primarily to substance abuse.
- In a true crisis of children, record numbers are being placed in foster care, a system that is not prepared to give those children the love or nurturing every child deserves.
- U.S. Attorney Stuart attends the funerals, embraces the moms and dads during the point of their deepest and most pointed loss. It's painful. It's emotional. It's personal to the people of West Virginia, and it is personal to him.
- Soon after becoming U.S. Attorney, West Virginia executed the largest single takedown in state history, in Huntington with more than 200 law enforcement officers and 50 national guardsmen.
- Huntington was in crisis, low morale, and a seeming resignation to the perpetual nature of the drug crisis. Helicopters were put in the air. The streets were blanketed with law enforcement, and the city embraced it and was inspired by the hope it promised of an assault on the drug dealers and poison peddlers.
- Since 2018, overdoses are down by 40%. Fatal overdoses and other crimes are also down by record numbers.
- Too often throughout the country today, law enforcement is disrespected and heavily burdened to solve every society failure.
- Law enforcement serves the roll of protecting the nation from domestic threats. There needs to be a higher level of support and commitment to law enforcement.
- The crisis of substance abuse has gone on far too long, there is fatigue among law enforcement.
- In some parts of the country, there is outrage and hostility against law enforcement. It undermines and demoralizes law enforcement professionals.

The Dilemma

“The largest recorded pharmaceutical death in the history of West Virginia happened last year. It was tens of thousands of doses of (Suboxone), but the defendant served virtually no time because the sentencing guidelines didn't recognize the gravity of the illicit trade of Suboxone.”

Michael Stuart

- There are elements of this crisis that will find their solutions in the healthcare system, but there are other elements of this crisis that will find their solutions through enforcement, punishment, and imprisonment. That's a good thing, not a bad thing.
 - By comparison – this year and every year – nearly 70,000 people will lose their lives over drug abuse.
 - In the past three decades, more than 870,000 people have died and that figure doesn't include the victims of addiction or crimes like murder or assault.
 - The real victims are in the tens of millions from the substance abuse crisis. This can't be allowed to continue.
- It is time for this country to have a GI Bill for law enforcement, similar to the benefits provided to Veterans on their return from WWII.

Recommendations:

- Be bold in your proposals. Think big and outside of the box.
- End the idea that the substance abuse crisis is merely the responsibility of law enforcement. It is not. In fact, law enforcement and the justice system is not in a position to end the substance abuse crisis by themselves, individually, or collectively.
- There is a need to define what victory over substance abuse is and what it looks like.
- Don't allow medically assisted treatment to usher in a new type of substance abuse crisis.
- Provide temporary involuntary commitment to treatment of those between the ages of 18 and 26. Allow for parents to intervene with substance abuse issues.
- Provide training for law enforcement officers on overdose investigations. They must be treated as crime scenes and there must be accountability to the dealers and suppliers that kill innocent people.
- Sentencing guidelines and sentences need to be commensurate with crimes.
- Use federal resources in directed surges. West Virginia has been assaulted by places like Detroit and Akron, Ohio, and the drug dealers who were supplied from the cartel. We need to be able to surge federal resources to be able to go into these areas and literally destroy and decimate the drug trade and the poison peddlers. We need to make it as difficult for these folk to operate as possible.
- There must be ways and means for redemption and second chances. In places like West Virginia, an incredibly high percentage of our youth, make terrible decisions just like all youth do. They get involved in drugs. We need to provide opportunities and hope to those seeking second chances by creating pathways for careers in law enforcement. Yes, law enforcement, even for those folk who made that big mistake.

Fifth Panelist: Sue DeLacy, Deputy Chief Probation Officer, Orange County

Highlights:

- One of Orange County's most effective and long-standing programs addressing substance abuse issues is the Drug Treatment Court. In addition to Drug Court, the Orange County also has the following problem solving courts: DUI, Veterans Treatment, Recovery, Opportunities, and "Whatever it Takes" Court that deals with chronic mental illness and homelessness.
- With the Drug Court Program, there is a minimum of 18 months for participants. The Drug Court model is designed for individuals where substance abuse has contributed to more serious crimes and who face long-term incarceration.
- Law enforcement is a key member of the treatment court which continues to be successful in providing participants the tools to live a self-directed life, reduce recidivism, and increase community safety.
- California's Realignment Law (AB 109) passed in 2011 and changed the population of county jails. It was enacted to address overcrowding in California's 33 prisons. This law mandates that individuals sentenced to non-serious, nonviolent, or non-sex offenses serve their sentences in county jail instead of state prisons.
 - It changed the population of county jails by mandating that they have individuals serving parole and post-release community violations.
 - County jails have seen an increase in drugs and violence towards both staff and other inmates.
- In an effort to address this crisis, the county collaborative was awarded a grant to participate in the Expanding MAT in County Criminal Justice settings in 2018. This was a joint effort at the California Department of Health Care Agency and Health Management Associates. The teams had Health Care Agency representatives from correctional and behavioral health, the Orange County Sheriff's Department, Orange County Probation Department, Superior Court, and the County Executive Office.
- The team implemented a variety of practices countywide that improved the use of MAT using evidence-based practices. It was discovered that one of the most important pieces of this expansion was education.
 - It is critical that all the players, including the individual receiving MAT, have a basic understanding of the neuroscience of addiction.
- With regard to MAT, unfortunately there is a criticism among law enforcement, probation officers, and community members regarding the exchange of one drug for another or using taxpayer dollars to buy and supply jail inmates with drugs.

“Drug overdose is now the leading cause of accidental death in America with Orange County’s overdose mortality rate higher than the state average.”

Sue DeLacy

- There is a need to build on their knowledge and provide statistics when possible and success stories before the culture can be changed.
- At the state level, the County of Orange submitted a proposal for SB665, a state bill to allow for Mental Health Services Act (MHSA) funds to be used inside jails for mental health treatment for those who are severely and persistently mentally ill.

Recommendations:

- Consider legislation that will address 42 CFR regulations in a manner to assist in the sharing of information between key partners involved in drugs and alcohol abuse treatment and prevention. Providing information to agencies with shared clients to ensure that everyone is acting with the most up-to-date information and makes sound decisions.
- Provide federal funding opportunities for the purchase of FDA-approved medications for the maintenance treatment of opioid abuse disorders. This would be in conjunction with comprehensive psychosocial services.
- Continue the fidelity of California's Mental Health Services Act "What it Takes" model for recovery and integrated care and allow the funding to also cover the integration of substance abuse disorder services including prevention and outreach efforts.

April 2 Question-and-Answer Period Continued

Q: What are your top three recommendations for the Commission to consider?

A: The first is to destroy the drug cartels, including with the support of the Department of Defense. The second is to consider a GI bill for law enforcement officers. We need to think big in terms of providing support and benefits to law enforcement, whether that's educational benefit, whether its childcare benefits, whether it's tax benefits. We need to make this profession more attractive to inspire folk into the field of law enforcement. The third is to provide redemption and second chances for people that have gotten caught up in the opioid epidemic and made bad choices, but also to exact punishment and ensure accountability for drug crimes.

Q: Can you share your thoughts on the increased availability of Narcan?

A: Having Narcan available makes a great difference in being able to save people's lives. West Virginia's overdose deaths are down 30%. We don't know how much Narcan contributes to that, but it is certainly a factor.

Q: What do we need to do on the supply side to achieve destruction of the cartels, and what should we be doing more of on the demand side?

A: I think at last count on an annual basis, measuring conservatively, more than \$500 billion a year is spent on the drug habits caused by these cartels. We have the greatest intelligence services in the history of mankind in this country, but we're under the greatest assault in the history of our country by these cartels. They are enemies to this country and should be treated as such.

In fact, in all of Vietnam, we lost 58,220 lives. In one year in this country we exceed the number of deaths from the Vietnam War. I know we can solve this thing, but we've got to do it by taking on the cartels where they're at and destroying the foundation of what they're producing.

On the demand side, we need to be careful about the marijuana legalization. We've waited decades on this. We need science and research to drive our decision making. We shouldn't be driven by pure economics and tax revenues. And clearly early prevention for kids is key.