

Community Corrections Partnership (CCP)  
Executive Committee Meeting  
May 18, 2016  
City Hall – Caldwell Park Conference Room, 2nd Floor  
777 Cypress Street, Redding, CA

Attendees:

**Tracie Neal**, Edward Miller, Erin Ceccarelli, Jeremy Kenyon, Chelsey Chappelle, Ruby Fierro,  
Teresa Rushing – Shasta County Probation Department  
**Tom Bosenko** – Shasta County Sheriff's Office  
**Rob Paoletti** – City of Redding Police Department  
**Jeff Gorder** – Shasta County Public Defender  
Stephanie Bridgett – Shasta County District Attorney's Office  
Elaine Grossman – Shasta County Administrative Office  
Karen Day – Department of Adult Parole Operations (DAPO)  
Amanda Owens – Shasta Day Reporting Center  
Jackie Durant – HOPE City  
Angela Jones – One Safe Place  
Robert Wharton – Member of the Public

**CCP Executive Committee Members are in bold.**

Meeting Overview

The meeting was called to order at 1:34 p.m. A quorum was not present. Introductions were made.

Public Comment

Robert Wharton stated that local attorney, Walt McNeal, had been publicly addressing the tax increase, stating that the County was not doing any work. Robert continued by suggesting that the committee extend an invitation to Mr. McNeal to attend the CCP meetings.

Angela Jones extended a thank you to the Probation Department for their support and fundraising for the Walk-a-Mile in her Shoes event.

Approval of Meeting Minutes

A quorum was not present and this item was tabled.

Financial Report

*State Allocations to Shasta County*

Elaine Grossman distributed a Fiscal Year 2015/16 Realignment Revenue Report and stated that the deposits are being received as planned. She continued by stating that the Governor's May Revise includes reductions due to sales tax, however, the reductions are only estimates.

### *Quarterly Expense Report*

Erin Ceccarelli distributed an AB109 Budget to Actuals 2015/2016 Summary handout and stated that we are seventy-five percent through the year. Overall, the departments have not spent 75% of the funds. This is due, in part, to expenditures for contracted services not being realized 30-60 days after the services are provided. She continued by stating that the out of county bed budget was running low. Rob Paoletti stated that the jail is running out of beds and that finding offenders that can go out of county is a tricky process. Tracie Neal stated that the Public Defender has spent 82% of the budgeted amount for FY 2015/16. Erin Ceccarelli stated that the Public defender is running high, but the department understands that when the funds are gone, they will not be receiving more for FY 2015/16.

### Discussion Items

#### *Shasta Day Reporting Center Annual Report*

Amanda Owens presented on the Day Reporting center (DRC) Annual Report stating that this was their third year completing this report. She gave a summary of the services and outcomes of the DRC. Jeff Gorder asked if the numbers were based on the Fiscal Year. Amanda Owens said they were not by fiscal year and clarified that the collection dates were April 8, 2015 through April 7, 2016. Tracie Neal further clarified stating that services are measured by year starting when the program began in April 2013. To change the timing of reporting to a fiscal year now would require outcomes to be measured for more than one year and wouldn't allow for a true annual comparison for that adjustment year.

Tracie Neal asked Amanda Owens to explain the concept of dosage. Amanda Owens stated that there are studies that show that recidivism is related to dosage, which is the number of hours an individual receives of Cognitive Behavioral Therapy (CBT). The target dosage for high risk offenders is 300 hours in six to nine months, 200 hours for medium risk offenders, and 100 for low risk offenders, which the DRC does not serve. Ultimately, appropriate dosage equals a greater opportunity for a positive impact. Rob Paoletti requested to clarify that dosage was for the number of hours, not for medication. Amanda Owens stated that was correct and that dosage specifically refers to CBT hours and is an Evidence Based Practice term. Tom Bosenko entered the meeting.

Jeff Gorder asked if Moral Reconciliation Therapy (MRT) and Thinking for a Change (T4C) were different programs. Amanda Owens stated that they were different and continued by stating that when the DRC opened, they provided only MRT. MRT is based on moral reasoning but does not have skill-building or role-play. It fits well because it complements other DRC CBT programming. The DRC introduced T4C in year three for cognitive-based skill-building. The majority of the population of the DRC will do both MRT and T4C. Tracie Neal stated that MRT is open cycle and T4C is a closed group. Chelsey Chappelle described the difficulties the department had with attendance when trying to administer T4C outside of the DRC. Amanda Owens stated that the

DRC has worked with the creators of T4C to break the program down into three cycles. The first cycle is closed, and the second and third cycles are open and fit with services offered.

Amanda continued by describing the in-custody programming and stated that six out of the seven served in custody that were required to go to the DRC upon their release reported, and that as of today, four were still attending and two absconded. Rob Paoletti stated that one of the issues with the in-custody program is the offenders that are ideal for participation in the program are the same offenders that are eligible for out of county housing. Chelsey Chappelle stated that Probation is seeing more recommendations from investigations for the DRC. Rob Paoletti asked what was happening with the offenders who abscond. Jeremy Kenyon stated that they are working on a system where Probation goes to the offenders who have missed days at the DRC and picks them up and delivers them to the DRC. Chelsey Chappelle stated that Probation could also work on communicating with local law agencies on absconds. Rob Paoletti asked how many absconds have there been. Amanda Owens stated that there have been 76 absconds, which is 10 consecutive days of not attending the DRC. She stated that those 76 are not individuals. Rob Paoletti asked if the Probation was arresting the absconders unarmed. Chelsey Chappelle stated that they were. Tracie Neal stated that Probation used to use GPS to deal with repeat absconders but that there was a push back from the Public Defender. Jeff Gorder stated that he was not aware of any push back. Chelsey Chappelle stated that they would welcome a discussion that would bring GPS units back into the process. Rob Paoletti stated that Redding Police Department could help with picking up the offenders in order to support the DRC program. Amanda Owens stated that one of the benefits of using GPS for non-compliance is that the DRC an offender can work to get the GPS unit removed by being compliant in the program. This give extra incentive to attend for those who are not motivated to attend. The more they attend, the more benefits they receive and the more likely they are to begin complying because they can see the value of the program.

Jeff Gorder stated that the terminology for when participants leave the in-custody portion of the program should be “released” rather than “discharged.” Amanda Owens agreed and stated that there also needs to be a push for the in-custody program to be considered a privilege and as the best model of continuum of care. Chelsey Chappelle stated that if we get the offenders engaged while in-custody, we can release them on Phase. Tracie Neal stated that the program population was pushing 95 for a while and that the new agreement will allow for more individuals to participate, as the maximum is going from 100 to 120. Rob Paoletti asked why is the contract only for 120, and why not more. Tracie Neal stated that Probation is still trying to find the sweet spot and get offenders engaged. Rob Paoletti stated that he liked the 14.7% re-arrest rate and that he want to support the program. Tracie Neal stated that Probation is working on a program inventory and a cost/benefit return to determine what is effective and whether or not dollars will be shifted. Rob Paoletti stated that he would like to see where we are underutilizing dollars as well. Tracie Neal stated that she would add that to the list.

Erin Ceccarelli stated that the program has not yet hit maximum capacity and that there is no waitlist at this time. Rob Paoletti stated that Probation has a large high risk population and asked if there was a reason why they don't all go. Chelsey Chappelle stated that the abscond situation makes things difficult. She continued by stating that one of the reasons that they do not all go is that they have to determine which offenders are not only right for the program but also capable of engaging in the program. Tracie Neal stated that Amanda had some great suggestions, one of which

is physically walking the offenders over to the DRC after referral. Rob Paoletti asked if the offenders that abscond have to be taken to the judge. Jeremy Kenyon stated that they give the offenders two chances before a warrant is issued. Tracie Neal stated that another issue is that some offenders do not want to change. Edward Miller stated that it was not surprising, especially when you consider the resistance to change of normal and healthy individuals. Rob Paoletti stated that he would like to work with Probation to reduce the abscond rate. Tracie Neal stated that it was important to note that the abscond rate is lower than it was last year. Rob Paoletti asked about Evidence-Based Practice training for the Neighborhood Police Unit. Tracie Neal stated that Amanda does great training for the Probation staff and that if he would like for them to bring her in for the NPU, that it could be arranged. Rob Paoletti indicated approval of the idea.

Amanda Owens stated that in regards to the Evaluation of Services, the Check-In and Group Attendance dropped in year 3 because of a higher volume of participants. When there are more new people in the program, there will be a higher rate of jail terminations and absconds. Participants who are new to the program have poorer attendance because they are not yet engaged in the program. She stated that the DRC was working with Probation to get a more consistent referral process. Amanda continued by stating that in regards to Sobriety, drug testing is always random. She stated that they are seeing less THC and more methamphetamines and opiates. She stated that 64% of the positive tests were for more than one substance. She continued by stating that in regards to employment, they do not encourage employment in Phase I, but that it is a requirement to get into After Care. Rob Paoletti stated that they should consider getting their success stories to talk to those in the jail to recruit. Chelsey Chappelle stated that Probation would look into that. Jackie Durant asked if the DRC works with other organization to get employment for the offenders. Amanda Owens stated that they did that in the past but found it to be not effective in aiding the offender in keeping the job. Instead, the DRC focuses on employee training to get and keep employment. Jackie Durant asked if it was more of an employment readiness program. Amanda Owens responded in the affirmative and stated that they also have the connections to help them find work, but not until they have the skills to keep the job.

Amanda Owen stated that in regards to Program Discharges, they are looking to move away from jail discharges by continuing services in custody. Jeff Gorder asked if the percentages were for the number of individuals referred that year. Amanda Owens replied that the percentages come from the 170 of total discharges. Jeremy Kenyon asked how the Shasta DRC compares with other DRC's. Amanda Owens stated that in Napa, the requirements completed was 31%, Administrative discharges was 22%, and negative discharges were 47%; and in Merced the percentages were 25%, 36% and 39% respectively. Tracie Neal stated that the Shasta DRC is doing well and is one that others should visit.

Amanda Owens stated that in regards to the target outcome status that the drop in Phase III is because there are only 5 individuals in Phase III, and one person can have a huge impact on the overall percentages. She continued by stating that the goal for graduation in December was 16, and that they exceeded that by 2, and had 18. The next graduation is scheduled for July 21, 2016. Rob Paoletti asked if Amanda thought the goals for the drug tests were realistic. Amanda Owens stated that they were possible. She said that the majority of those coming through the DRC have substance abuse issues and that they want to have high expectations. Tracie Neal stated that the first time the CCP set the goals, the DRC did well. However, we are learning that we are dealing

with a different population. Rob Paoletti asked how long Phase I is. Amanda Owens stated that there is no set time. Rob Paoletti stated that maybe the goals could be broken down by percentages based on the length of time that the offenders have been in the program rather than by phases, particularly when it comes to drug treatment. Tracie Neal stated that these are discussions for the group and that the goals could be adjusted at a future meeting.

Robert Wharton suggested that future reports include a glossary so that the general public can understand. Amanda Owens said she would look into it, but in the meantime if there is ever anything that he doesn't understand to just let her know. Rob Paoletti suggested that all acronyms in future reports be defined.

Tracie Neal requested a DRC program manager update. Amanda Owens stated that the DRC is looking at 7 candidates, 4 external and 3 internal, and have not selected any of those individuals. The program manager needs to understand the population and believe in change. As of now, Susan Kane will remain in the position until the first Friday of June.

#### Approval of Meeting Minutes

A quorum was present. Rob Paoletti made a motion to approve the minutes from April 20, 2016. Jeff Gorder seconded the motion. Motion passed: 4 Ayes, 0 Noes.

#### Action Items

There were no action items.

#### Operational Updates

Rob Paoletti distributed a handout and discussed the ½ cent tax initiative. He stated that they expect that the tax will result in \$10 million to \$11 million per year. He described the public safety positions that the dollars would pay for. He stated that the funds for the Sheriff's Office would allow for the option of adding 252 beds or programming space. Tom Bosenko stated that they were talking about converting in phases to allow for flexibility and that it would be expensive to revise the current ARC plan. Rob Paoletti stated that the funding for the Sheriff's Office would be retained in an account. He continued his overview of the initiative by stating that the Mental Health dollars would go towards a crisis stabilization unit and will give officers the opportunity to get help for the mentally ill, rather than taking them to jail. He stated the initiative included seed money for a sobering center and that HHSA may be able to match it. The Sobering Center would be a portal to get people drug treatment.

Tracie Neal announced a change in the Probation Department stating that Penny Mossman is out on leave. She stated that last year, Ruby stepped up and did a great job. This year Chelsey Chappelle will be overseeing the CCC in Penny's absence and Jeremy Kenyon will be overseeing the Adult Division.

Tom Bosenko gave an update from the Sheriff's Office. The average daily population in the jail is 344, with 155 for serious crimes, 61 for theft, 52 for drugs or DUI, and 114 for other infractions.

There are 173 on alternative custody, 85 on GPS. There are 15 in the STEP-UP program: four from the Sheriff's Office, six from Probation, and five from Good News Rescue Mission. There are a total of 21 offenders housed out of county.

Other items for discussion/future agenda items

There were no other items for discussion.

Adjourn

Rob Paoletti made a motion to Adjourn. Tom Bosenko seconded the motion. Motion passed: 4 Ayes, 0 Noes.

Meeting adjourned at 3:12 p.m.

DRAFT

**2011 Realignment Revenue Report to CCPAC**

Fiscal Year 2015-16

Twelve Months (7/1/15 - 6/30/16)

Revenue (8/16/15 - 8/15/16)

**FY 15/16 Revenue**

As of: 7/19/16

**CCPEC Agenda Item 3**

July 20, 2016

	% per CCP Revenue Appropriations	State Revenue Projections (no growth)	County Revenue Budgeted	County Total Receipts	% Total Receipts	Balance Remaining In Projections	% Remaining Projections	Payment Monthly	History & Target Info
	100.00%	6,794,556.00	8,494,677.00	5,375,290.47	79.11%	1,419,265.53	20.89%	09/25/15	484,023.60
								10/27/15	480,393.23
								11/25/15	629,274.33
Sheriff (235)	8.82%	599,279.84	735,751.00	474,100.62	79.11%	125,179.22	20.89%	12/29/15	507,044.84
Jail (260)	21.13%	1,435,689.68	1,762,614.00	1,135,798.88	79.11%	299,890.81	20.89%	01/26/16	476,419.95
Work Release (246)	7.89%	536,090.47	658,073.00	424,110.42	79.11%	111,980.05	20.89%	02/24/16	756,368.64
<b>Subtotal/Sheriff</b>	<b>37.84%</b>	<b>2,571,059.99</b>	<b>3,156,438.00</b>	<b>2,034,009.91</b>	<b>79.11%</b>	<b>537,050.08</b>	<b>20.89%</b>	03/28/16	446,345.43
								04/26/16	443,677.76
General Asst (542)	1.69%	114,828.00	141,040.00	90,842.41	79.11%	23,985.59	20.89%	05/25/16	664,636.34
Mental Health (410)	2.09%	141,870.33	174,197.00	112,343.57	79.19%	29,526.76	20.81%	06/27/16	487,106.35
Social Svcs (501)	0.65%	44,164.61	54,650.00	34,939.39	79.11%	9,225.23	20.89%	Pending	0.00
<b>Subtotal/HHSA</b>	<b>4.43%</b>	<b>300,862.94</b>	<b>369,887.00</b>	<b>238,125.37</b>	<b>79.15%</b>	<b>62,737.57</b>	<b>20.85%</b>	Pending	0.00
									<b>\$5,375,290.47</b>
<b>Probation (263)</b>	<b>54.37%</b>	<b>3,694,200.10</b>	<b>4,687,310.00</b>	<b>2,922,545.43</b>	<b>79.11%</b>	<b>771,654.67</b>	<b>20.89%</b>	Target To Date (11 Months)	Target Monthly 566,213.00
<b>District Attorney (227)</b>	<b>0.49%</b>	<b>33,293.32</b>	<b>40,636.00</b>	<b>26,338.92</b>	<b>79.11%</b>	<b>6,954.40</b>	<b>20.89%</b>	6,228,343.00	
<b>Public Defender (207)</b>	<b>0.53%</b>	<b>36,011.15</b>	<b>45,000.00</b>	<b>28,489.04</b>	<b>79.11%</b>	<b>7,522.11</b>	<b>20.89%</b>		
<b>Probation (Reserves)</b>	<b>2.34%</b>	<b>159,128.50</b>	<b>195,406.00</b>	<b>125,781.80</b>	<b>0.00%</b>	<b>33,346.70</b>	<b>0.00%</b>	% Target To Date (11 Months)	86.30%
<b>Grand Total</b>	<b>100.00%</b>	<b>6,794,556.00</b>	<b>8,494,677.00</b>	<b>5,375,290.47</b>	<b>79.11%</b>	<b>1,419,265.53</b>	<b>20.89%</b>		

**DA/DPD: To fund cost associated with revocation proceeding involving persons subject to state parole, pursuant to 30025 of the California Government Code.**

District Attorney (227)	50.00%	101,309.00	136,180.00	61,530.12	60.74%	39,778.89	39.26%	09/25/15	11,081.09
Public Defender (207)	50.00%	101,309.00	136,180.00	61,530.12	60.74%	39,778.89	39.26%	10/27/15	10,997.97
<b>Grand Total</b>	<b>100.00%</b>	<b>202,618.00</b>	<b>272,360.00</b>	<b>123,060.23</b>	<b>60.74%</b>	<b>79,557.77</b>	<b>39.26%</b>	11/25/15	14,406.41
								12/30/15	11,608.13
								01/26/16	10,907.01
								02/24/16	17,316.07
								03/28/16	10,218.49
								04/26/16	10,157.42
								05/25/16	15,215.98
								06/27/16	11,151.66
								Pending	0.00
								Pending	0.00
				Target Monthly 8,442.42	Target To Date (11 Months) 92,866.58	% Target To Date (11 Months) 0.00%			

# Medication-Assisted Treatment

A Presentation to Community Corrections  
Executive Partnership  
July 20, 2016

Nadine Robbins-Laurent, MS  
Laurene Spencer, MD  
Bay Area Addiction Research and Treatment  
(BAART)



## Agenda

- Mission/Vision/History
- BAART Program: Core Competencies
- Treatment Program Goals
- Overview of Medication Assisted Treatment
- Hub and Spoke Model



[ 2 ]

## Mission

- **BAART's mission** is to provide people with cost-effective, comprehensive substance abuse treatment and other health care services at its clinics or through community linkages, and to make such services available to as many people as possible who seek them. By doing so, BAART's programs can foster the health, happiness, longevity and self-reliant, responsible behavior of those individuals, help them recover from substance abuse, and **benefit our communities.**



[ 3 ]

## Vision

- A **collaborative** human service organization successful in three domains:
  - Patient Outcomes
  - Staff Satisfaction
  - Fiscal Health



[ 4 ]

## BAART History

- Founded in 1977 in SF with 2 clinics and a couple hundred patients
- Today –
  - Our larger organization has 45 programs where we treat over 20,000 patients.
  - 23 programs are in the State of CA



[ 5 ]

## Program: Core Competencies

- Methadone Maintenance and Detoxification
- Counseling Services
- Primary Care Services
- Innovative Integrated Services
  - FACET
  - Mental Health Services
  - Hepatitis C
  - Buprenorphine



[ 6 ]

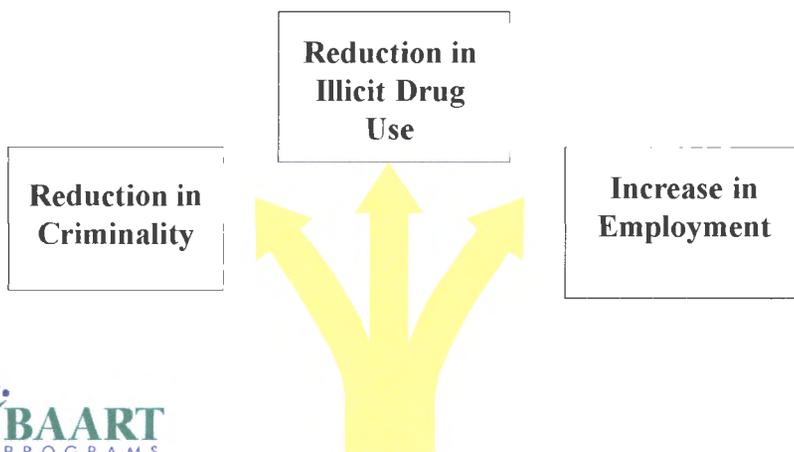
## Treatment Requirements

- Attendance for observed dosing 7 days a week for the first 90 days
- Take-home doses permitted after 90 days but only to those patients meeting a number of criteria
- At least once per month drug testing
- Assessment and counseling
- Additional education, i.e., HIV/HCV, family planning
- Medical care



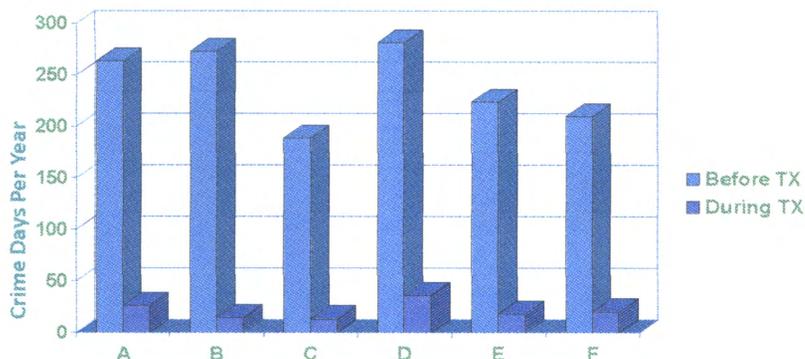
[7]

## Common Outcome Measures “The Big Three”



[8]

### Crime Among 491 Patients Before and During MMT at 6 Programs



Adapted from Ball & Ross - The Effectiveness of Methadone Maintenance Treatment, 1991

Opioid Agonist Treatment of Addiction - Payte - 1998



## Overview of Medication Assisted Treatment



[ 10 ]

## Comparing Two Opioid Agonists: Methadone and Heroin

<b>Methadone</b>	<b>Heroin</b>
Orally effective. No risk of infection.	Injection use is a risk factor for transmission of infectious diseases.
Long acting. Administered once a day.	Short acting. Must be administered several times a day.
Causes no sedation or euphoria.	Can cause significant sedation and/or euphoria.
Prescribed by a physician in context of medical care	Obtained illegally with suspect ingredients



## Hub and Spoke

Treatment Model in VT



[ 12 ]

## The Hub

- Methadone and bupe, Maintenance and Detox –
- Hub Patients are newer to treatment, often considered high risk:
  - co-occurring mental health and other health issues, high users of ER, high criminal justice involvement.
- Effective hub care involves:
  - array of services and
  - structured, close monitoring
  - Mental and physical care, case management, life skills training, linkages to other forms of specialty care based on individual patient needs



[ 13 ]

## The Spoke

- Lower needs patients, higher functioning
- As patients progress – their level of care may be transitioned to less structured services (Spokes)
- Less intense and less structured care
- Prescription Bupe treatment
- Care can be shifted back to hub if warranted



[ 14 ]

# Questions

And Answers



[ 15 ]



Shasta County  
*One County... One Community!*



**Aegis Treatment Centers  
Community Corrections Partnership  
Executive Committee Presentation  
July 20, 2016**

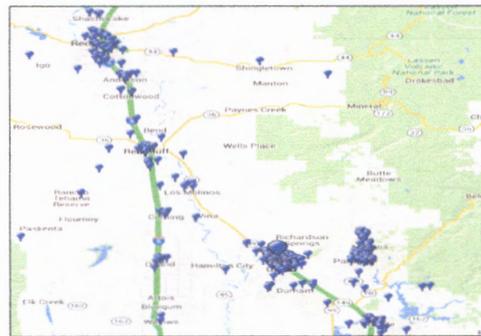
## Agenda

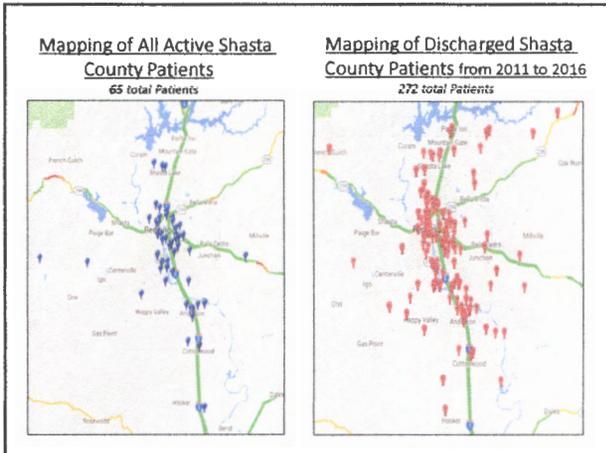
- Introduction to Aegis
- Patient Testimonials
- Listening to the Community
- Outcome Measures & Reduction of Criminal Activity Data
- What an Aegis Redding Treatment Center Would Look Like
- Q & A

## PAAG & Parent Testimonials

- Erin
- Taylor
- Bob

## Mapping of All Active Chico Patients





### Listening to the Community... Understanding the Local Impact of the Opiate Epidemic

**Key Meetings with Shasta County Agencies & Providers:**

- February 22 Shasta County Health & Human Services  
Shasta County Public Health
- March 28 Tours of the Chico Treatment Center w/ Shasta Co. HHS Staff
- April 25 Redding Chief of Police  
Shasta County District Attorney
- May 16 Shasta County CEO & HHS  
Shasta County District Attorney
- June 6 Shasta County Sheriff  
Redding Chief of Police
- June 20 Good News Rescue Mission  
Shasta County Probation
- July 6 Presentation to Shasta County Mental Health Alcohol and Drug Advisory Board

### Listening to the Community... Understanding the Local Impact of the Opiate Epidemic

**Upcoming Events**

- July 22 Shasta Probation Tour of the Chico Treatment Center
- August 2 Meetings with Shasta County Providers
- August 17 Presentation for Shasta County Alcohol and Drug Providers
- August 19 Shasta County Team Tour of Chico Treatment Center
- August 24 Panel Discussion with the Governing Board of Partnership HealthPlan of California re: a comprehensive drug treatment system for Shasta County and 7 other counties

### Chico Aegis Outcome Measures

- 86.2% of Chico patients tested illicit opiate free after 90 days in treatment (over last 12 months)  
– Aegis company wide average is 82.3%
- 95.37% of Shasta County patients tested illicit opiate free in 2015
- 94.33% of Chico patients have a stable residence

### Reduction in Criminal Activity Data

- **Butte County Superior Court Public Record Search**  
267 patients in treatment for over 1 yr
  - 6.74% (19 pts) had a Felony or Misdemeanor Conviction or an Open Case within the last year
- **Aegis Chico Self-Report Survey** (208 Patients)
  - 90.87% (189 pts) have not been arrested since admit
  - 2.88% (6 pts) were arrested within 90 days of admit
  - 6.25% (13 pts) were arrested after their first 90 days
- **Per Chief O'Brien of the Chico Police Dept.**  
they appreciate having an immediate treatment resource and stated that Aegis is not a drain on police resources

### What is Unique About Aegis ?

- **Patient Centered Focus**
  - Patient Advocacy and Advisory Group (PAAG) where our patient's voices are heard and shape our treatment and scope of services
  - Keys to Recovery (K2R) Support Groups where our patients support each other on their roads to recovery
  - Chico Aegis offers 23 Free weekly groups
    - Aegis patients received 4,189 hrs of group services in 2015!
- **Recovery Focus**
  - *Medication is only half of the recovery solution! Counseling is what promotes long-term recovery!*
  - Tapering & Aftercare Groups because we believe that some of our patients can and want to be not only illicit drug free, but medication free too
- **Community Involvement**
  - Very active in our communities, partnering with other providers to improve patients care & access to treatment, educate & reduce stigma
  - Chico has had 55 meetings & 17 presentations with the community so far this year!

### Chico Patient's Tree of Life



### Chico Aegis Treatment Center



What the Redding clinic lobby and front office would look like



(Lobby of 5225 Telegraph Road, Ventura clinic)

Questions & Answers



# Using Science to Battle Stigma in Addressing the Opioid Epidemic: Opioid Agonist Therapy Saves Lives

In 1965, Dole and Nyswander<sup>1</sup> published the first study of methadone maintenance treatment for opioid use disorder. On the basis of research conducted at The Rockefeller Institute for Medical Research with Kreek, they described the treatment of 22 individuals with methadone for chronic heroin addiction. In this landmark study, they reported the notable findings of craving relief, blockade of the euphoria of subsequent heroin use, and a Lazarus-like effect on psychosocial functioning, with treated subjects resuming schooling, work, and relationships. Over the past 50 years, the evidence base for opioid agonist therapy, first with methadone and now with buprenorphine, has grown exponentially. The lifesaving impact of these medications is so dramatic that the World Health Organization added both to its list of essential medications. Across the globe, opioid agonist therapy has been embraced by countries as diverse as Israel, Iran, and China.

Despite the evidence supporting the use of opioid agonist therapy, only 8% of injecting drug users currently receive treatment, with tremendous variability across the globe ranging from 90% treated in the United Kingdom, compared with 3% in India, and none in Russia.<sup>2</sup> In the United States, even if every treatment slot for methadone and buprenorphine were filled, there would still be an excess of 914,000 individuals with opioid use disorder unable to access treatment.<sup>3</sup> These disparities in treatment access reflect the continued philosophical debate about opioid agonist therapy that has existed since methadone was first discovered.

Mutual help organizations and psychosocial programs sometimes are opposed to medication treatment. In many Narcotics Anonymous groups, individuals receiving pharmacotherapy are restricted from certain types of participation. Disparaging comments by members can be found in online forums, such as “Methadone is a drug, treating

addiction with it is like lightly hosing a fire with gasoline” or we “demand that we draw the line on using drugs and calling it recovery.”<sup>4</sup> Some recovery programs, for example, halfway houses, may not allow participants to be on agonist therapy. Even the language clinicians use, including terms such as “medication-assisted treatment” or “opioid substitution,” implicitly suggest that pharmacotherapy is a corollary to treatment or simply represents replacing one drug with another.<sup>5</sup> In the lay press, this stigma has been further enhanced by articles such as a recent National Public Radio piece entitled “When Drug Treatment for Narcotic Addiction Never Ends,” which provides a description of physicians who provide opioid agonist therapy as “legit drug dealers.”<sup>6</sup>

Contrary to what this rhetoric would suggest, scientifically there is no debate about the efficacy and safety of maintenance treatment with opioid agonist therapy. Treatment outcomes for behavioral interventions alone for opioid use disorder are dismal, with more than 80% of patients returning to drug use.<sup>7</sup> In contrast, treatment with opioid agonists when adequately dosed results in retention rates of 60% to 80%, with only 15% of those treated continuing to use illicit opioids.<sup>7,8</sup> A recent statewide study comparing those who received agonist therapy with those who received behavioral treatments found a 50% reduction in relapse among those treated with pharmacotherapy.<sup>9</sup> Opioid agonist therapy also has been shown to reduce new human immunodeficiency virus and hepatitis C virus infection and overdose death.<sup>10-12</sup>

A growing body of evidence has answered the clinical questions of appropriate dosing, expected treatment duration, and timing of treatment initiation. Numerous studies have confirmed that flexible as opposed to fixed dosing strategies and higher dosages for both buprenorphine and methadone maintenance are more effective.<sup>8,13,14</sup> Adequate treatment duration is a key to success, with tapering strategies of various lengths showing high rates of relapse. Long-term studies of methadone maintenance have demonstrated outcomes that improve with treatment duration. Among those treated for less than 6 months, 67% continue to use heroin compared with only 8% of those treated for more than 4.5 years.<sup>15</sup> A recent study of

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buprenorphine treatment outcomes at 42 months found that 62% of treated individuals were abstinent from opioids, with 30% continuing on opioid agonist therapy.<sup>16</sup> Last, several recent studies have shown that proactive and rapid initiation of opioid agonist therapy, particularly in medically complex patients, can be effective, whereas long wait times for treatment markedly increase the risk of death.<sup>17,18</sup>

Methadone and buprenorphine are not just clinically efficacious, but also cost-effective. Total healthcare costs for patients on methadone maintenance are 50% to 62% lower.<sup>20</sup> Adherence to buprenorphine is associated with lower outpatient, inpatient, emergency department, and total healthcare costs, and buprenorphine treatment reduces annual total healthcare costs by approximately \$20,000.<sup>21,22</sup> A recent cost-effectiveness analysis found that every additional dollar spent on opioid agonist therapy would save \$1.80 and that treating 10% of untreated individuals in New England would generate more than \$550 million in regional societal savings.<sup>23</sup>

Decades of research support opioid agonist therapy as a cornerstone of effective treatment that is crucial in the fight to end the opioid epidemic. Clinicians, medical systems, public health officials, and patients can be assured that opioid agonist therapy's benefits are robust and far outweigh the risks of treatment. Early treatment initiation and adequately dosed long-term maintenance strategies can be fully endorsed, recognizing the benefits for promoting abstinence, reducing overdose, and preventing new human immunodeficiency virus and hepatitis C virus infections. Opioid agonist therapy can be supported as a cost-effective treatment tool that reduces total healthcare spending. Our main barrier in battling this epidemic is the lack of dissemination, understanding, and adoption of this science-based treatment strategy. As we have done in other epidemics, most recently with human immunodeficiency virus/acquired immune deficiency syndrome, the medical community can and must take a leadership role in ensuring our approach is driven by science and not stigma.

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