Welcome to the Opioid Settlement Technical Assistance Learning Series

Treating Opioid Use Disorder in Jails

July 27, 2023 | 2:30 p.m. - 4:00 p.m.

HOUSEKEEPING ITEMS

- This Zoom event will be recorded
- Participants will be on mute when presenters are speaking
- To ask a question, please use the QA feature
- Any follow-up questions or requests for the Technical Assistance Collaborative (TAC), please email: MDHHS-opioidsettlementhelp@michigan.gov

About the TAC & Introduction of Presenters

Stella Resko, PhD
Professor, School of Social Work; Director and CADAS Coordinator
Wayne State University

ABOUT THE TAC

- Technical Assistance Collaborative (TAC) established in April 2023
- Comprised of MSU, U-M, and WSU
- Partnership with MDHHS
- Provides technical assistance and expertise to communities at the county, municipal, and township levels receiving opioid settlement funds
- Focus on evidence-based, best practices, promising programs and strategies to remediate opioid overdose deaths
- TA Learning Series is an opportunity for government officials, communities, and the public to hear from our TAC experts on a monthly basis

Presenters

Matthew Costello, LMSW

Center for Behavioral Health and Justice, Wayne State University

Allison Gorine, LMSW

Center for Behavioral Health and Justice, Wayne State University

Medication Assisted Treatment in Michigan Jails

WAYNE STATE UNIVERSITY
School of Social Work
Center for Behavioral Health and Justice

We envision communities in which **research**, **data**, and **best practices** are used by multiple stakeholders to *enhance the optimal well-being of individuals with mental illness and/or substance use disorders who come in contact with the criminal/legal system.*

We work with local communities, organizations, and behavioral health and law enforcement agencies across Michigan to provide

EXPERTISE, EVALUATION, TRAINING, and TECHNICAL ASSISTANCE

to optimize diversion of individuals with mental health or substance use disorders from jail or prison.

We Help Stakeholders...

Implement best and innovative practices at every intercept of the criminal/legal continuum.

Collect and use data to drive decisions.

Create linkages to solve problems.

Develop action plans to achieve goals and sustain initiatives.

We currently serve **28 counties** across the state, encompassing a range of rural, urban, and metropolitan communities.

Diversion
1 Antrim
2 Barry
3 Berrien
4 Calhoun
5 Cass
6 Charlevoix
7 Cheboygan
8 Delta
9 Eaton
10 Emmet
11 Genesee
12 Grand Traverse
13 Hillsdale
15 Jackson
16 Kalamazoo
17 Kent
18 Livingston
19 Macomb
20 Marquette
21 Monroe
22 Muskegon
23 Oakland
24 Ogemaw
25 Ottawa
26 St. Joseph
27 Washtenaw
28 Wayne

Reentry
17 Kent
19 Macomb
23 Oakland
28 Wayne

Treatment Ecosystems
4 Calhoun
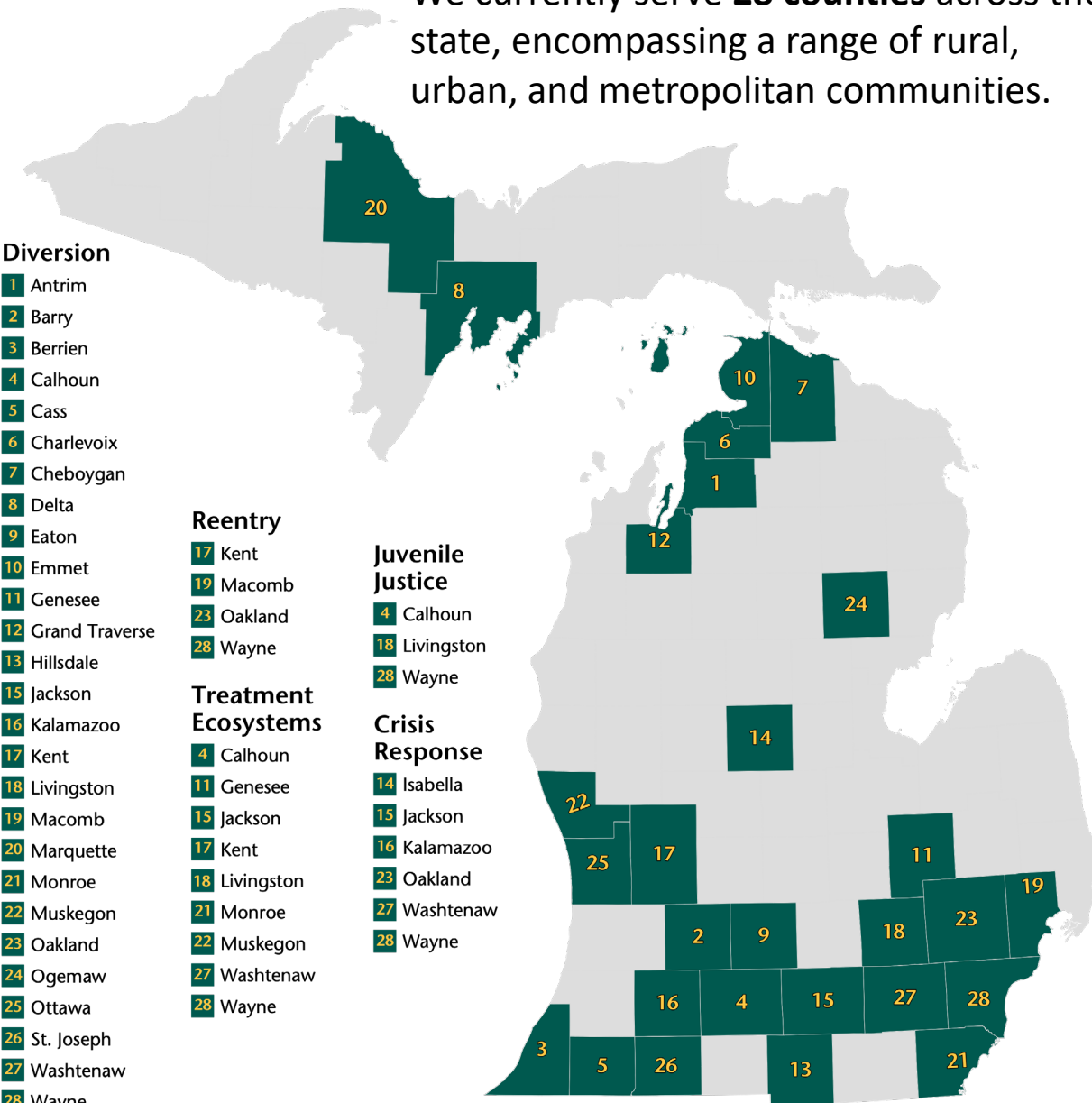11 Genesee
15 Jackson
17 Kent
18 Livingston
21 Monroe
22 Muskegon
27 Washtenaw
28 Wayne

Juvenile Justice
4 Calhoun
18 Livingston
28 Wayne

Crisis Response
14 Isabella
15 Jackson
16 Kalamazoo
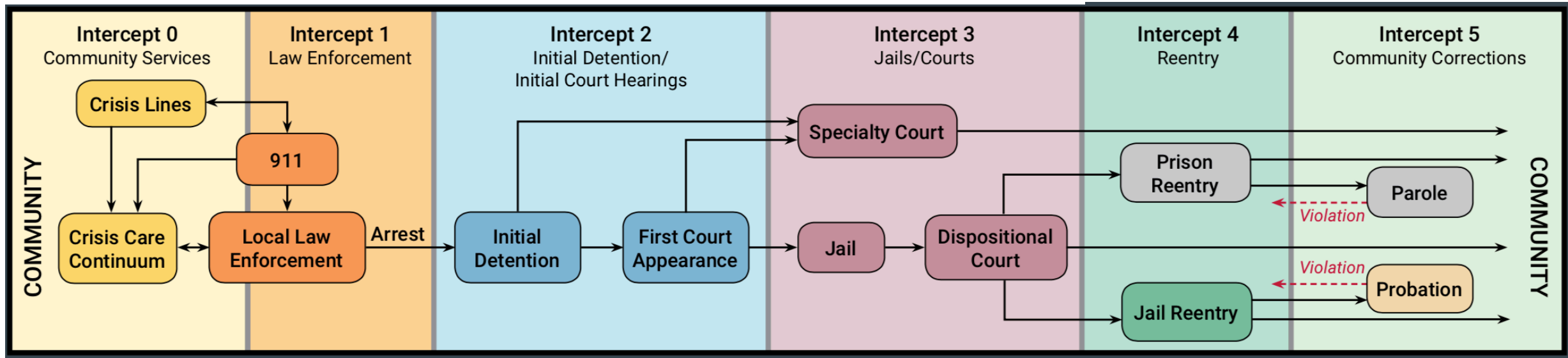23 Oakland
27 Washtenaw
28 Wayne

Current Initiatives
Across the Sequential Intercept Model

SAMHSA'S GAINS Center (2013), *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.). Delmar, NY: Policy Research Associates, Inc.*
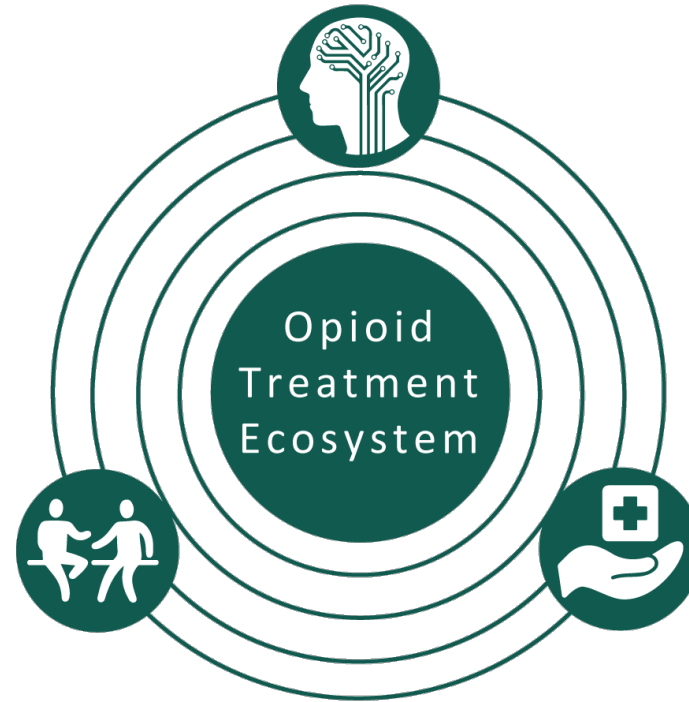
Agenda

1. **Definition:** What is Medication Assisted Treatment (MAT)?

2. **Purpose:** What is the purpose of implementing MAT in jails?

3. **Methods:** How do we collaborate with jails?

4. **Outcomes:** Effectiveness of MAT

5. **Future Directions**

What is MAT?

A technical assistance framework aimed at strengthening community-based
Medication Assisted Treatment for persons using opioids
at the intersection of criminal-legal systems

The Facts

- **2,532** people died from drug overdoses in Michigan in 2022. Michigan ranks in the top 3rd for drug overdose death rates amongst all states.

- This epidemic has had a significant **impact on communities** across the country, leading **to increased rates of overdose, incarceration and death**.

- The opioid epidemic has significantly impacted the criminal/legal system and it's important to address the need for effective **MAT treatment in correctional settings.**

63% of individuals serving sentences in US county jails meet the criteria for substance use disorder (SUD)

11% of people incarcerated in the US who meet criteria for SUD will receive any form of treatment

<1% of incarcerated individuals with a diagnosis of OUD will receive MOUD jail-based treatment

129x Individuals releasing from jail with an untreated OUD, are **129** times *more* likely to die of an overdose within the first two weeks from incarceration than the general population

Why jail assisted Medication Assisted Treatment?

Increase probability of engaging in treatment post release

Prevent fatal and non-fatal overdoses

Reduce recidivism/reincarceration rates

Decrease drug-related crimes in communities

CBHJ MAT counties to date

- Calhoun County
- Cass County
- Gogebic County
- Jackson County
- Livingston County
- Kent County
- Manistee County
- Monroe County
- Muskegon County
- Saginaw County
- Washtenaw County
- Wayne County
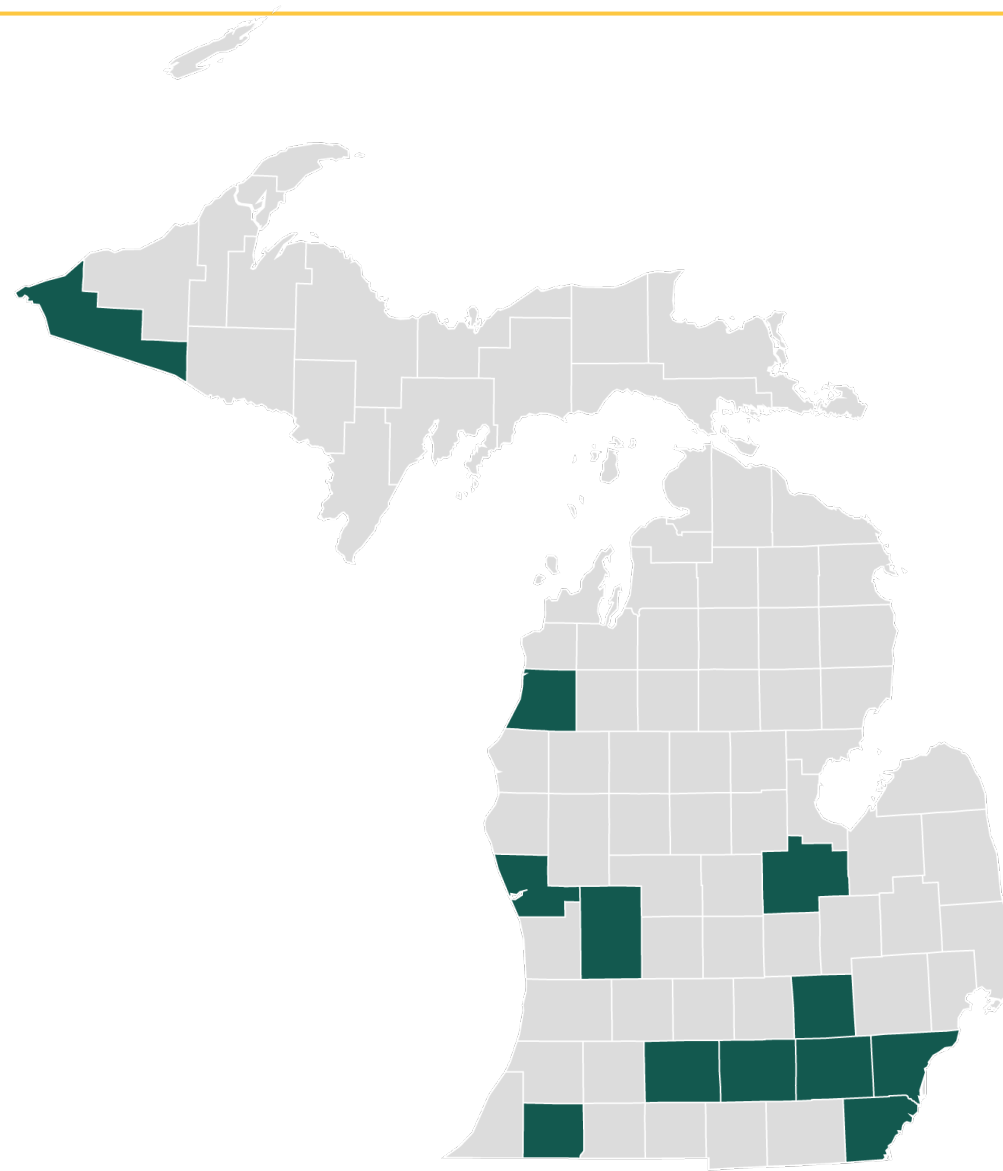
CBHJ Implementation Framework

Site Exploration → **Preparation** → **Implementation** → **Sustainability**
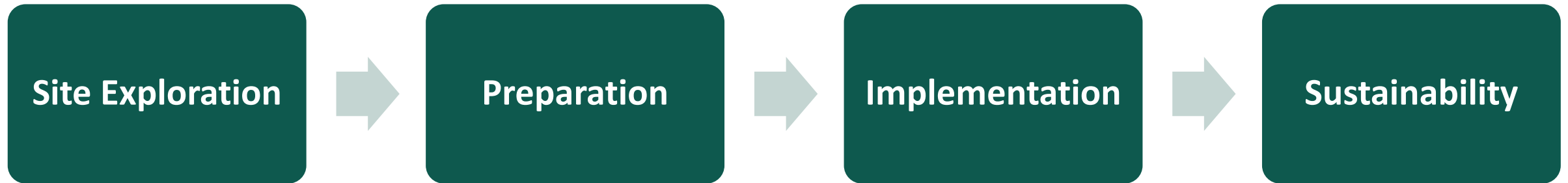
Site Exploration

Community Readiness Survey

This survey is administered twice; Prior to program implementation, and 6 months post implementation launch

Jail Administration

Jail Medical

Community Providers

Community Mental Health

Preparation

Executive Sponsor

Change Leader

CHANGE TEAM

Data Analyst

Change Team Member

Project Coordinator

Center for Behavioral Health and Justice Staff

- Includes jail command staff, jail medical, PIHP/CMH and community providers

- Monthly Change Team meetings

- Data review, implementation barriers, and shared learning
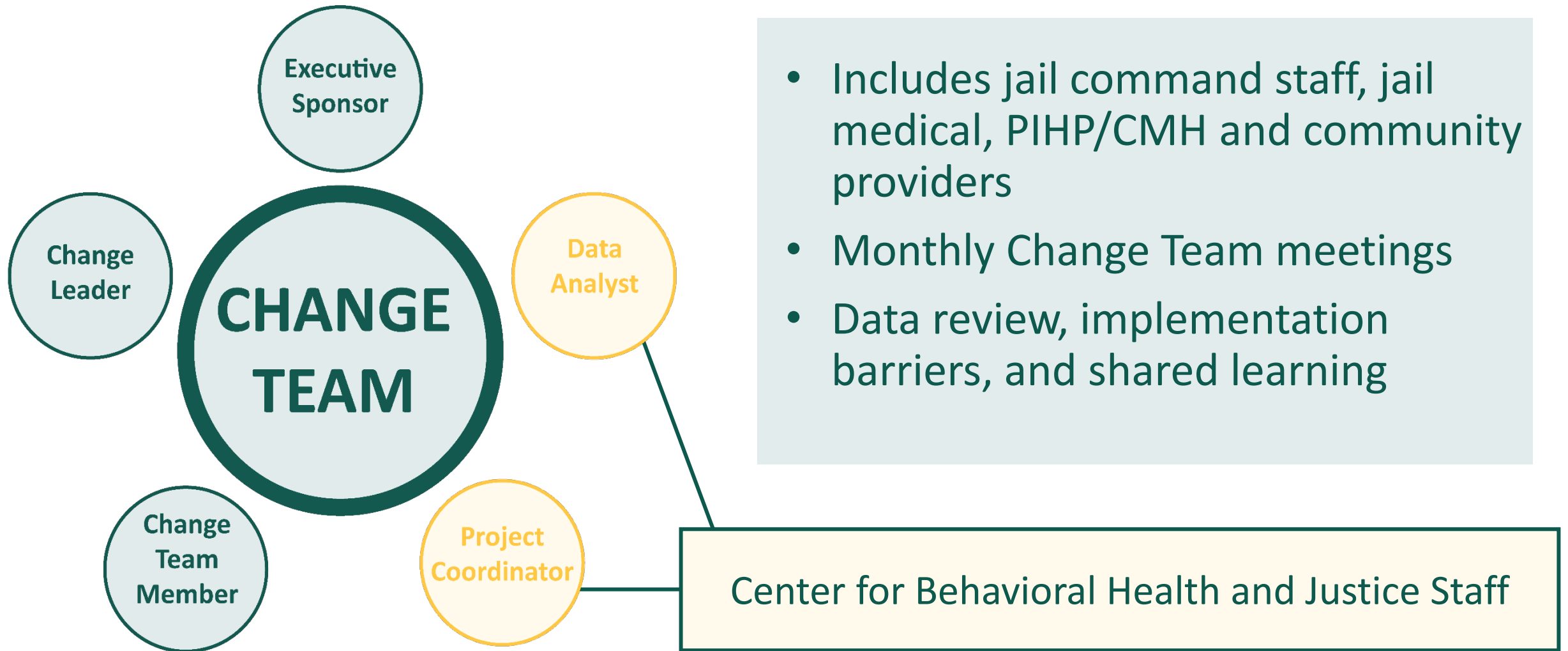
Preparation | Jail MAT Model

Implementation of a Validated Screening Tool

- RODS
- TCUDS
  with opioid supplement

Access to all forms of MOUD

- Methadone
- Buprenorphine
- Naltrexone

Psychosocial Services

- Group/ Individualized Therapy
- OUD Targeted Offerings
  (Relapse Prevention, MRT Class, etc).

Continuity of Care

- Discharge Planning
  (Transportation, housing, etct)
- Coordination with Community MOUD Provider
- Medicaid Reactivation

Implementation

Implementation of a validated screening tool

RODS

TCUDS
with opioid supplement

Implementation | RODS

Rapid Opioid Dependence Screen (RODS)

Inmate Name: _____   Booking ID: _____

Deputy Name/Badge ID: _____   Booking Date: _____   Date Administered: _____

Please complete the screen below on all bookings except for US Marshals and ICE bookings.

Instructions (to be read aloud): When individuals stop using opioids, there may be physical withdrawal symptoms that require medical attention. We want to better understand the need for services for opioid use or withdrawal. To help with this, I am going to ask a few questions about opioid use in the last 12 months. This should take less than 2 minutes to complete. Your answers will only be used to help us determine the need for programs and services and will NOT impact any charges or probation or parole violations.

	YES	NO	N/A
Does this person refuse to complete the RODS survey?	○	○	
If so, did they refuse because they do not use opioids or medications for opioid use disorder?	○	○	○

	YES	NO
1a. Have you used heroin in the last **12 months**?	○	○

1b. In the last **12 months**, have you abused or misused any of the following prescription drugs? (Abuse/misuse means taking without a prescription or taking more than prescribed.)	YES	NO
◦ Vicodin	○	○
◦ Norco	○	○
◦ Oxycodone/Oxycontin ("Oxy")	○	○
◦ Percocet	○	○
◦ Other opioids such as morphine, Fentanyl, Dilaudid, Lortab, Codeine, or Tramadol	○	○

1c. In the last **12 months**, have you used any of the following?	YES	NO	N/A
◦ Buprenorphine? (also known as Suboxone, Subutex, or Zubsolv)	○	○	
IF YES, have you abused/misused it?	○	○	○
◦ Methadone	○	○	
IF YES, have you abused/misused it?	○	○	○
1d. Are you currently taking any prescribed medication assisted treatment (MAT) to help treat your opioid use disorder? (If yes, which one?)	○	○	
◦ Buprenorphine/Suboxone/Subutex/Zubsolv	○		
◦ Methadone	○		
◦ Naltrexone/Vivitrol	○		

If there are any "Yes" responses to 1a, 1b, or 'abuse/misuse' in 1c, please complete the questions below. If 1a, 1b, and 1c abuse/misuse items are all "No", stop the screen here.		
In the last 12 months...	YES	NO
2. Did you ever need to use more opioids to get the same high as when you first started using opioids?	○	○
3. Did the idea of missing a dose (or fix) ever make you anxious or worried?	○	○
4. In the morning, did you ever use opioids to keep you from feeling "dope sick" or did you ever feel "dope sick"?	○	○
5. Did you worry about your use of opioids?	○	○
6. Did you find it difficult to stop or not use opioids?	○	○
7. Did you ever need to spend a lot of time/energy on finding opioids or recovering from feeling high?	○	○
8. Did you ever miss important things like doctor's appointments, family/friend activities, or other things because of opioids?	○	○

Planning | Establishing positive RODS prevalence rate

County	Total Usable RODS	Total Positive RODS	Positive Screening Rate
A	215	28	13%
B	521	77	15%
C	3242	537	17%
D	4929	636	13%
E	143	36	25%
F	4229	824	19%
G	2745	478	17%
H	117	15	13%
Total	**16141**	**2631**	**16%**

Graph: Percentage of Positive Screens. Data Source: County A-H 2019 30-Day Baseline, 2019-2021 Quarter 1-5 RODS & Quarter 5 MOUD (n=11,986).
In all time periods, an individual is considered to have screened positive if their RODS screen reported heroin or other opioid use in the past year, use of medications for opioid use disorder (buprenorphine or methadone) in the past year, or current use of medications for opioid use disorder (buprenorphine, methadone, naltrexone). In Quarter 4 & 5, individuals enrolled in MOUD programming without a positive RODS are also considered to have screened positive.
*Difference is statistically significant, +Difference is trending significant.

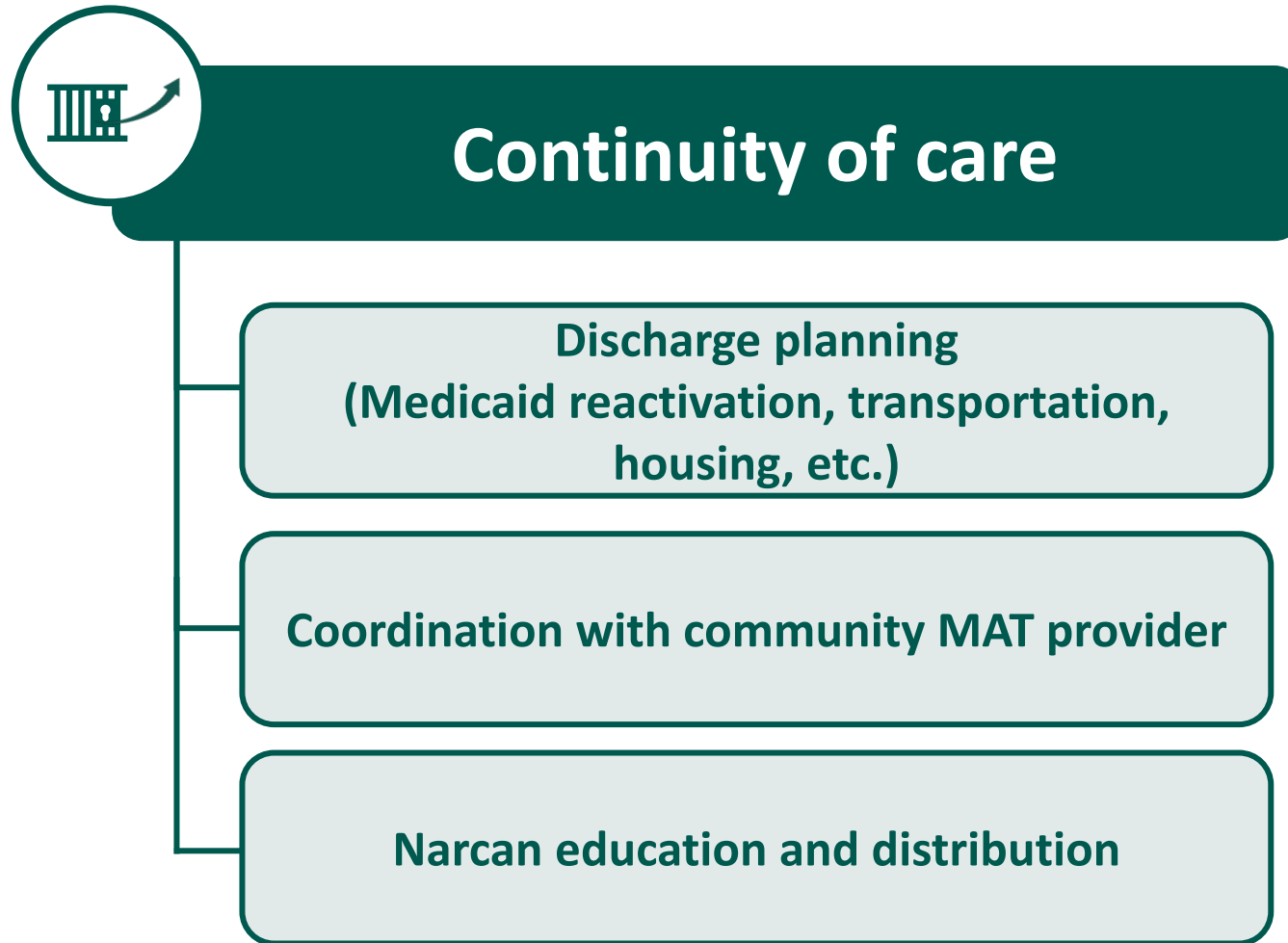# Implementation

Access to all forms of MOUD
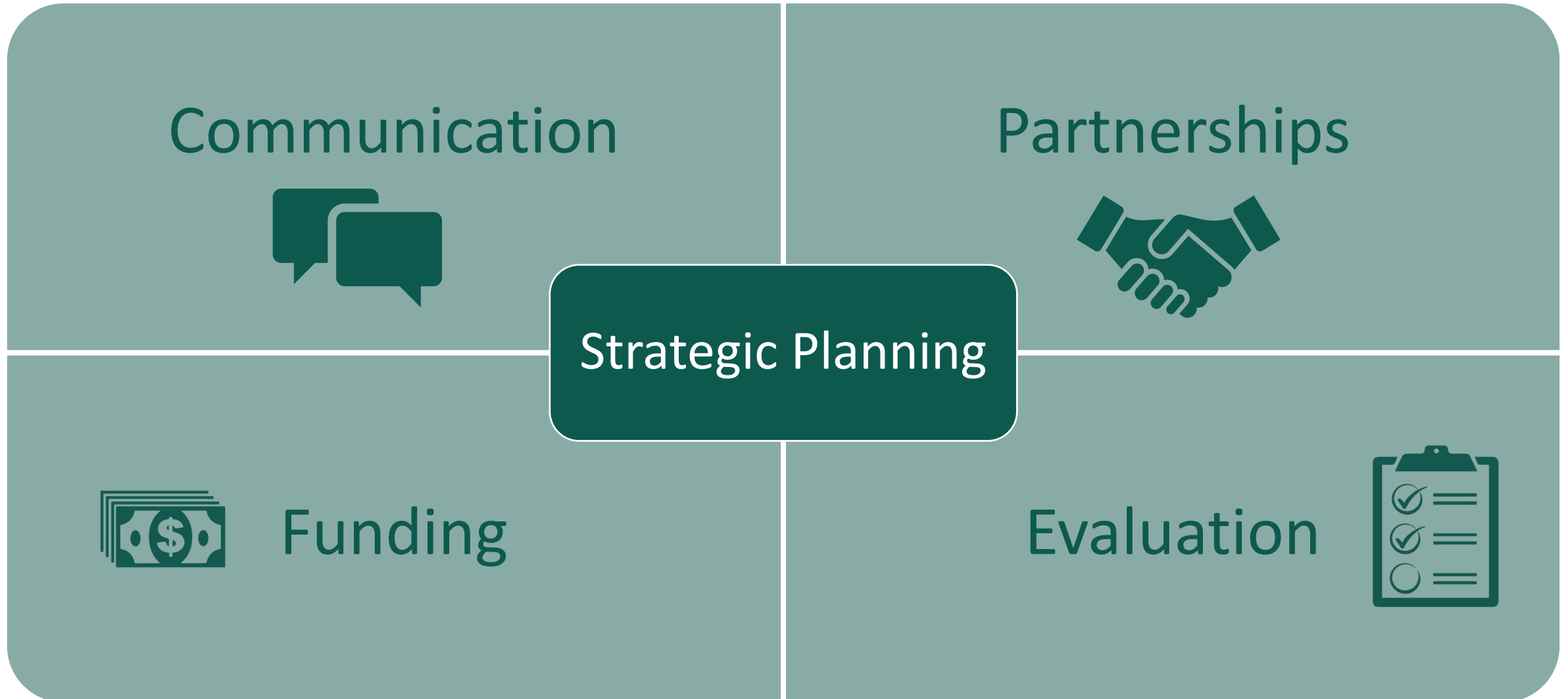
Methadone

Buprenorphine

Naltrexone

Implementation

Psychosocial services

Group/individualized therapy

**MAT targeted offerings
Relapse prevention, MRT class, peer support)**

Implementation

Continuity of care

Discharge planning
(Medicaid reactivation, transportation,
housing, etc.)

Coordination with community MAT provider

Narcan education and distribution

Sustainability

Communication

Partnerships

Strategic Planning

Funding

Evaluation

Future Directions and Outcomes

- CBHJ site certification recognized by the MMRMA

- **412** people were able to enroll in MAT while in jail (*of 4 jails total where CBHJ MAT data collection complete)

- From July 2021 to date, the CBHJ has placed **31 naloxone vending machines** in county jails and other community sites

- Changes in attitudes amongst stakeholders regarding in-jail MAT programming

- Relationships built, fostered, and sustained as result of CBHJ MAT model

Thank You!

For questions and to make requests to the TAC, please email MDHHS-opioidsettlementhelp@michigan.gov

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Vestal, C. (2023, June 6). *New Momentum for Addiction Treatment Behind Bars*. Stateline. https://stateline.org/2018/04/04/new-momentum-for-addiction-treatment-behind-bars/

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