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

August 2020

Michigan Re-Entry Project (MIREP-2): Kent & Monroe Counties

1-Year Evaluation Report

MIREP-2 Executive Summary

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MIREP-2 had 81 participants and 8 graduates!

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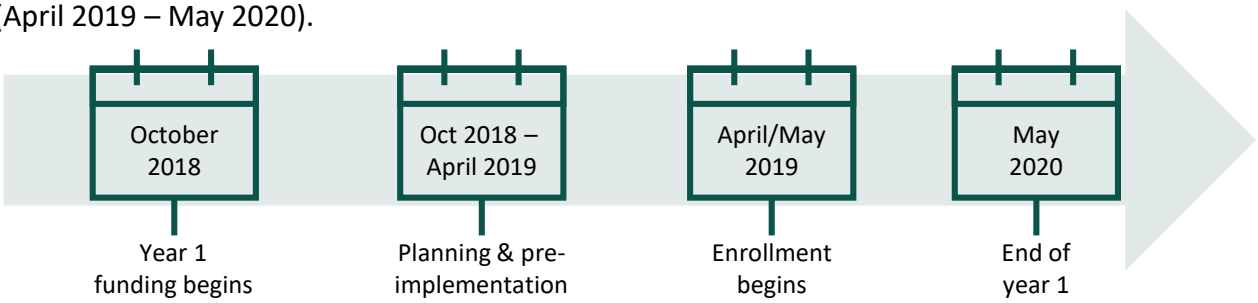
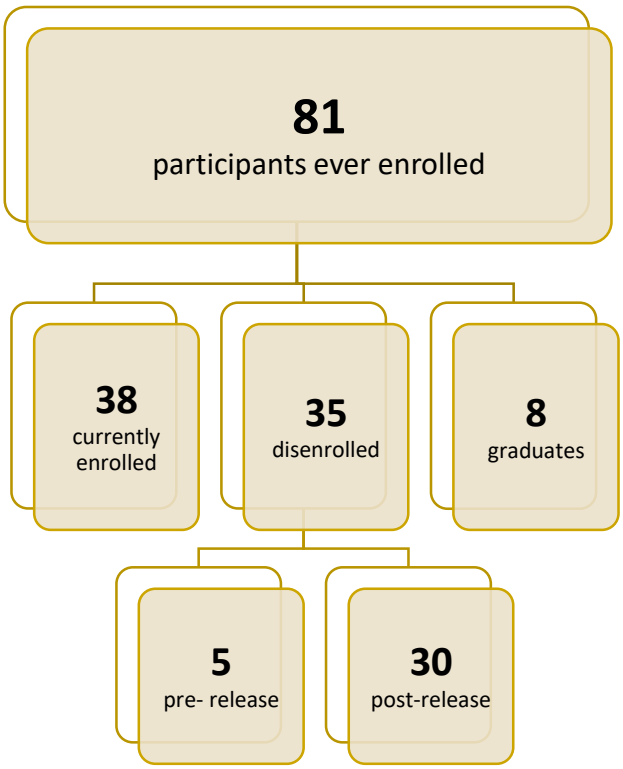
Intro & Timeline

This report covers the first year of programming of the Michigan Re-entry Project (MIREP-2) in Kent and Monroe counties (April 2019 – May 2020).



MIREP-2 is supported through funding from SAMHSA's State Opioid Response grant to fill a service gap for individuals transitioning from prison or jail and who have co-occurring opioid use and mental health disorders. MIREP-2 has four overall goals: 1) Expand the availability of opioid use disorder (OUD) treatment and recovery options for re-entering individuals, 2) Reduce opioid overdoses and other substance use relapses, 3) Improve mental health outcomes, and 4) Reduce recidivism.

During the first 13 months of programming, 81 individuals enrolled in MIREP-2. This report includes analyses based on the following groups: 1) All who ever enrolled in MIREP-2, 2) All who ever enrolled, split by gender, 3) Participants who were released into the community while enrolled, 4) Program graduates, and 5) Level of pre-release service intensity.



Participant risks

The 81 individuals who have participated in MIREP-2 exhibit high levels of need as well as strengths related to mental health and general health, substance use, criminal/legal factors, and socioeconomics. These risks and strengths have implications for service needs and individualized treatment planning.

100% have been arrested and convicted previously
89% have experienced at least one trauma
87% used drugs in the 30 days before incarceration
87% have a previous inpatient stay for MH and/or SUD
82% are at high risk for opioid use
62% have been homeless prior to MIREP
60% report at least 1 overdose prior to MIREP
44% have Hepatitis C

Participant strengths

81% have a high school diploma/GED or higher
70% rate their health as excellent/very good/good
58% receiving Medication for OUD during enrollment
53% were receiving MH services in the facility

Comparisons by gender

Several statistically significant differences were found between men and women. These are important in understanding the participant population, developing treatment plans, and tailoring interventions.

Women are significantly more likely than men to…

- Receive MH services in the facility (69% vs 44%)
- Rate their overall health as Fair/Poor (50% vs 20%)
- Be prescribed psychiatric meds in the facility (83% vs 50%)

Men are significantly more likely than women to…

- Have used both heroin and prescription opioids in the past (90% vs 53%)
- Rate their mental health as ‘Well’ (37% vs 17%)
- Have been arrested at an earlier age (16 vs 19 yrs)
- Have been convicted more times (15 vs 10 times)

Profile of participants within 30 days of release

At the time of analysis, 68 of the overall 81 participants had been released to the community. Assessments completed within one month of release in the community depict the connections to resources and progress during that first month. Key takeaways include the following:

96% had Medicaid within 30 days of release
60% receiving mental health services
59% receiving substance use treatment
56% receiving Medication for Opioid Use Disorder (MOUD)
39% rate their opioid cravings as ‘0’
22% are employed
11% have a driver’s license

Profile of graduates

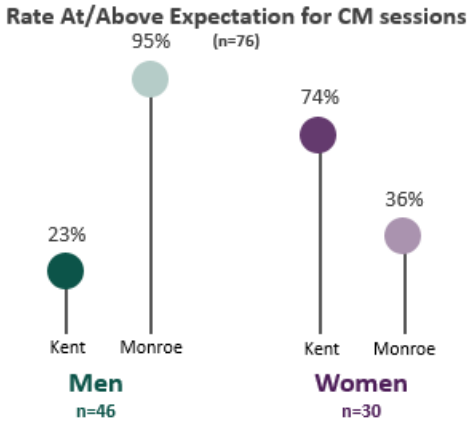
8 of the overall 81 participants have graduated MIREP-2. Graduates show great strengths at the time of their discharge (shown below), and self-reported cravings for primary substance decreased from an average of 5 to 2 between enrollment and graduation.

100% say mental health services are helping
100% say their social network supports their recovery
100% have health insurance
80% rate their health as excellent/very good/good
63% are employed
57% rate their opioid cravings as '0'
50% are receiving SUD treatment
38% have a driver's license

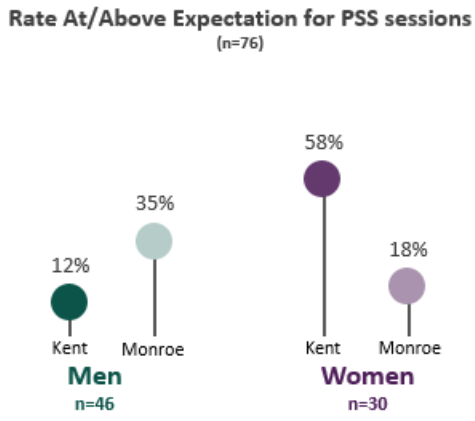
Comparison by service intensity, gender, and county

This analysis shows that pre-release service intensity varies by county, gender, and type of session [i.e., Case Management (CM) or Peer Support Specialist (PSS)]. Participants were considered to be At/Above the service intensity expectation if they received at least 1 CM and 1 PSS session per week pre-release. Differences are likely due to staffing gaps and accessibility to facilities, particularly prison facilities. (*Note that the service data were analyzed through mid-March to account for facility closures due to COVID-19).

Pre-release CM sessions: For pre-release CM sessions overall, 54% of men versus 60% of women are At/Above the expected number of sessions. The patterns differ by county. More men in Monroe (95%) than Kent (23%) are At/Above Expectation. On the other hand, more women in Kent (74%) than Monroe (36%) are At/Above Expectation.



Pre-release PSS sessions: For PSS sessions overall, 22% of men versus 43% of women are At/Above Expectation. The same associations between gender and county are seen for PSS sessions as for CM. Men from Monroe receive the expected number of pre-release PSS sessions at higher rates than men from Kent (35% vs 12%). On the other hand, women from Kent receive the expected number of PSS sessions at higher rates than women from Monroe (58% vs 18%).



Recommendations & next steps

The analyses in this report can be categorized in three groups: participant characteristics, level of services, and preliminary program outcomes. Considering all three types of findings together provides a comprehensive understanding of participants, program success, and areas for improvement.

Gender and Facility Profiles In MIREP-2, men and women differ significantly in only a few areas. Men are more likely to have a longer, more extensive criminal/legal history and to have a history of using both heroin and prescription opioids. On the other hand, men are also more likely to rate 'well' in mental health. Women receive more mental health treatment in the facility, but they rate their general health worse than men. These relative similarities in characteristics across gender may be related to the fact that the majority of participants (72%) are incarcerated in a county jail as opposed to prison.

These profiles by gender and by facility have implications for providing gender-specific and culturally competent services. Regardless of gender or facility, risk-specific treatment plans should be developed, and assessment of risks should occur early in the enrollment period so that programming is tailored to the risk level. One option is to have participants in different tiers of service depending on risk level. This would allow for more efficient use of resources and focusing efforts in a more targeted way.

Service Intensity Patterns Participants are considered to be At/Above the pre-release service intensity expectation if they received at least 1 CM and 1 PSS session per week. Men from Monroe are receiving the expected level of pre-release CM and PSS services at a higher rate than men in Kent. The opposite pattern is seen among women, where women from Kent are receiving the expected level of pre-release services at a higher rate than women from Monroe. These differences in service intensity by gender and county are likely related to facility type in that Kent enrolls male participants from the jail and prison, and Monroe enrolls female participants from the jail and prison. Logistics of accessing the prisons may add a layer of complexity to meeting service intensity. In addition, service intensity issues may be related to staffing turnover and vacancies. Efforts should be increased to keep provider teams fully staffed and come up with innovative ways to ensure service expectations are met when teams are understaffed. UMass will focus on troubleshooting model fidelity with the teams, particularly structured sessions.

Additional Priorities Other priorities are the uptake of medication for opioid use disorder (MOUD), community connections, and relationships with Michigan Department of Corrections/parole.

MOUD: Seven of eight graduates started Medication for Opioid Use Disorder (MOUD) during the program, which demonstrates an extremely high uptake of MOUD among grads specifically. This is excellent work on the part of the MIREP teams in discussing MOUD options, connecting participants to prescribers in the community, and facilitating community appointments. Only 2 remained on MOUD at the time of their graduation, with reasons for discontinuing being 'no longer needed it', side effects, and insurance issues. The high discontinuation rate highlights the importance of ensuring that participants: (1) are connected to a prescriber, given the opportunity to explore medication options and make a decision for the medication that is most appropriate for optimal sustainability, and (2) are educated by their prescriber on how to safely adjust and/or discontinue their medication regimen to avoid adverse effects.

Community Connections: Within one month of release, 96% of participants have health insurance, 60% are receiving mental health services, 59% are receiving substance use treatment services, and 56% are taking some form of MOUD. Keep up the great work in supporting participants in making community connections, and continue to increase these connections. Most participants (89%) have experienced at least one trauma, so it is especially important to connect participants to trauma-informed mental health/substance use disorder treatment providers and to continue trauma training for MIREP staff. Over two thirds of participants (63%) are employed by the time of graduation. Continue to support employment, job preparation, and vocational education to increase employment rates.

MDOC/Parole/Probation: Discussions with parole/probation and MIREP staff show that the collaboration has been important to the success of participants. Participants also report benefits of the relationship between the provider team and parole/probation. Continue collaborating and establish a meeting schedule as needed to maintain communication.

All MIREP-2 participants n=81

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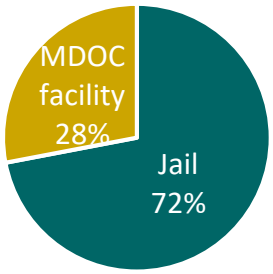
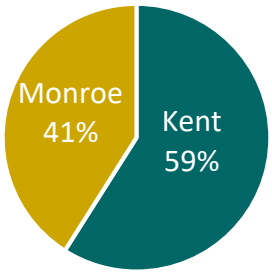
Overall demographics

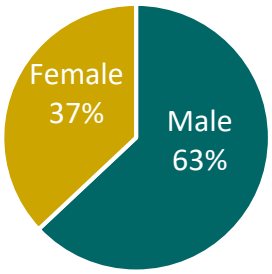
This page shows a summary of the 81 who ever enrolled in MIREP-2. The majority are male and coming from a jail setting. Kent County participants comprise slightly more than half of all participants. Three quarters are White, and the other quarter is split between Black and Other, which is primarily Latinx. Nearly half are in their 30s, with ages ranging from 18 to 65.

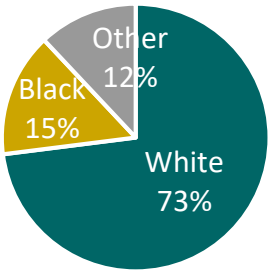
Participants come to the program with strengths in overall health, educational achievement, and receiving mental health services in the facility.

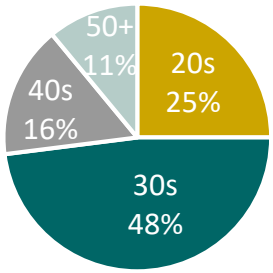
Risks, on the other hand, are still high. 87% have been inpatient for MH and/or SUD, and over 4 out of 5 scored 'High Risk' for opioid use on the NIDA screen. 84% have been arrested and convicted in the past, two thirds have used opioids by injection, and over half have a previous overdose.











Participant strengths

81% have a high school diploma/GED or higher

70% rate their health as excellent/very good/good

53% were receiving MH services in the facility

58% received MOUD during enrollment

71% *Of those who received MOUD while enrolled had received MOUD in the past*

Opioid, MH, & CJ risks

100% have previously been arrested and convicted

87% have previous inpatient stay for MH and/or SUD

82% rate 'High Risk' for opioid use

67% report past injection opioid use

60% report at least 1 previous opioid overdose

MIREP-2 comparisons by gender

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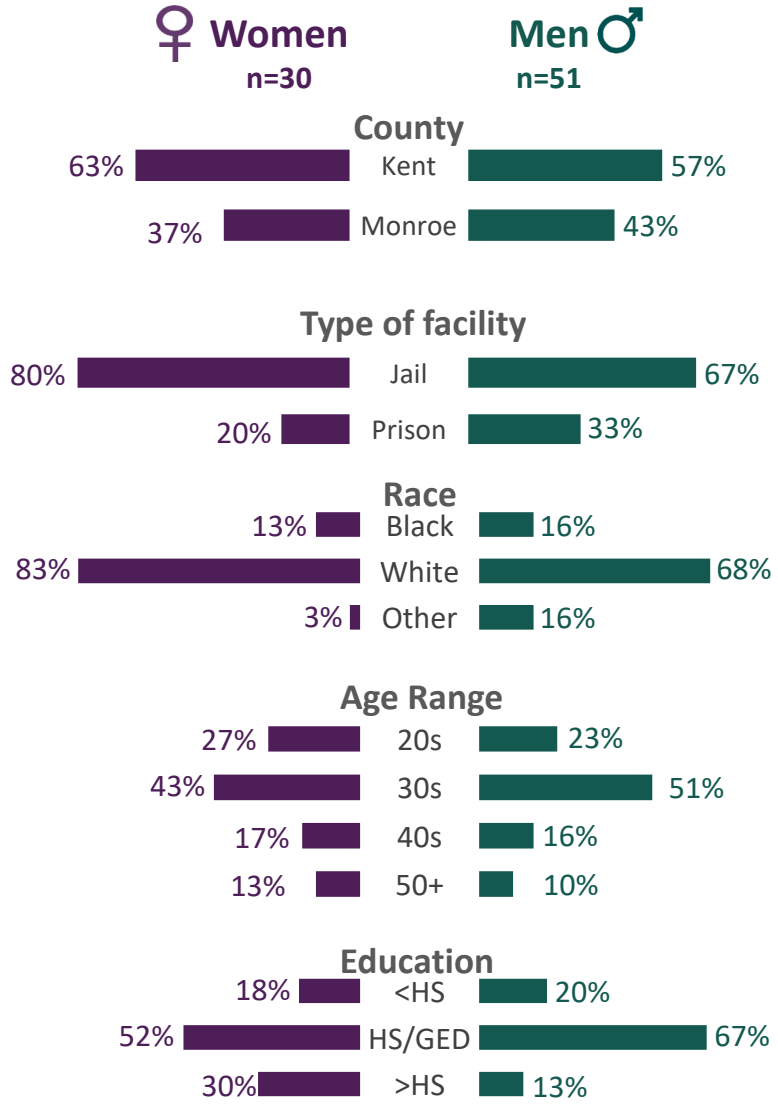
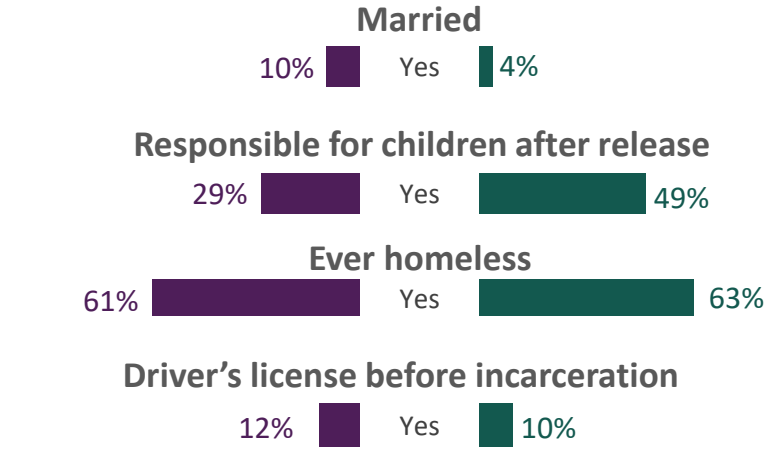
General demographics



Home demographics



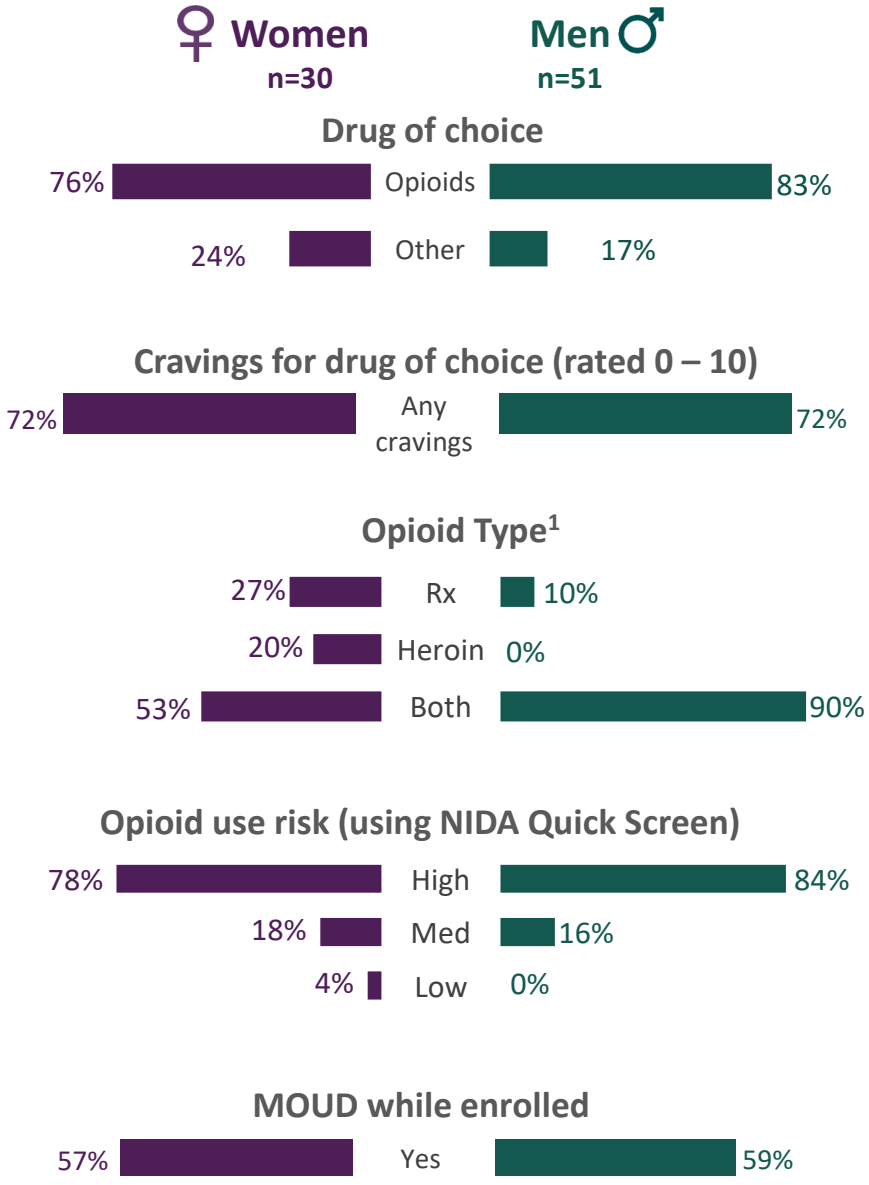
Demographically, men and women are similar and show no statistically significant differences although practical differences are seen in a few areas.

MIREP-2 has more participants overall from jail than prison, but the difference is greater among women (80% of women versus 67% of men from the jail).
Compared to men, more women identify their race as White. More men fall in the 'Other' category, which is primarily Hispanic.

Although 13% of men have an education beyond high school, the rate is more than double (30%) among women.

Half of men (vs 29% of women) are responsible for children after release. Rates of marriage and having a driver's license are low regardless of gender. Previous homelessness is high – nearly two thirds – among all.

Substance use



Criminal/legal factors

10	Avg. # of convictions[2]	15
19	Avg. age at first arrest[3]	16

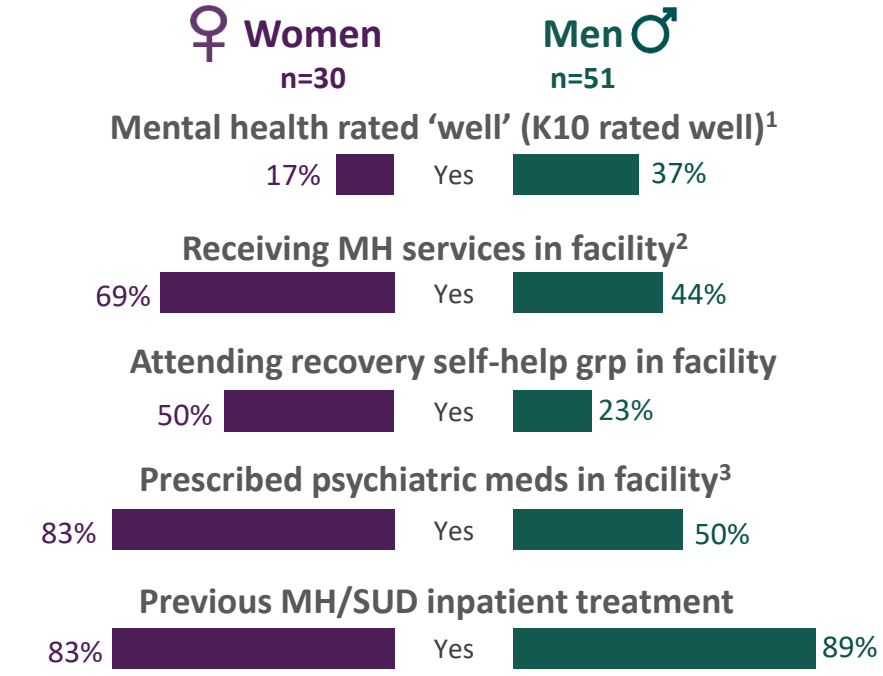
Men and women are similar on all substance use indicators except for opioid type: Nearly all men (90%) versus half of women have used both prescription opioids and heroin in the past.[1]

Approximately 4 in 5 report their primary substance as opioids. Among the rest, crack/cocaine is the most reported substance of choice.

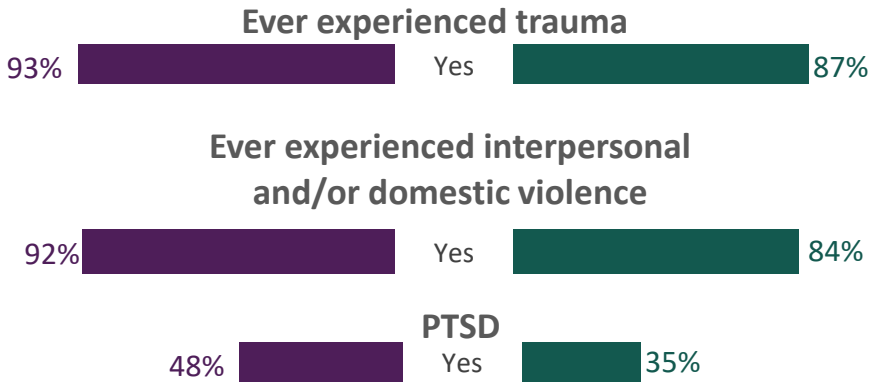
Men have significantly higher risks related to criminal/legal history. Men have had an average of 5 more convictions than women (15 vs 10),[2] and their first arrest was at an earlier age than women on average (16 vs 19 years).[3]

[1] χ^2=15.73, p<.001; [2] t=2.19, p<.05; [3] t=-2.17, p<.05

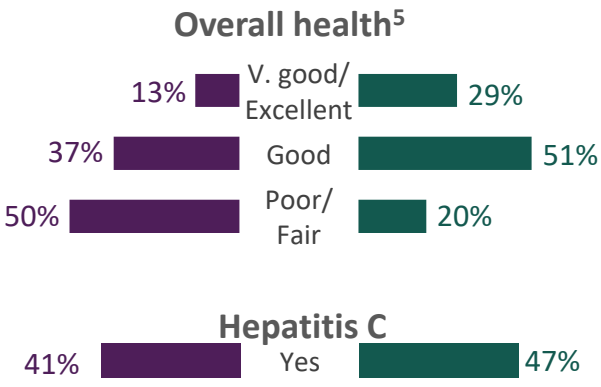
Mental health



Trauma



Health



[1]χ^2=3.84, p<.05; [2]χ^2=4.64, p<.05; [3]χ^2=8.26, p<.01; [4]t=2.52, p<.05; [5]χ^2=7.07, p<.05

Significantly more men than women rate their mental health as 'well' at screening.[1] Regarding treatment in the facility, significantly more women than men are receiving mental health services[2] and taking psychiatric medications.[3] Although not significant, more than twice as many women (50%) as men (23%) attend recovery groups inside the facility.

Trauma histories are similar across genders, with women having slightly higher rates than men.

Regarding health factors, significantly more women (50%) rate themselves as having Fair/Poor overall health than men (20%).[1]

68 MIREP-2 participants released

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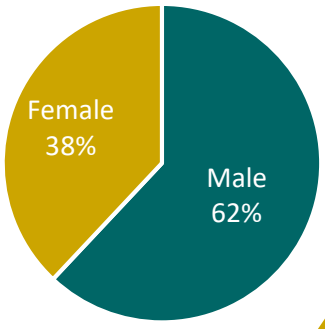
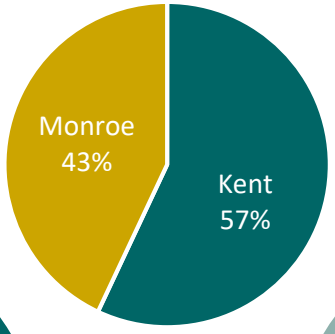
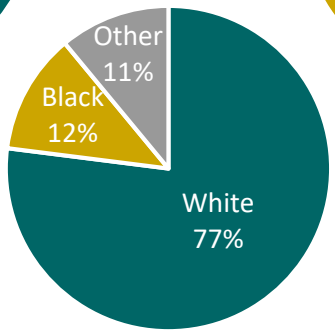
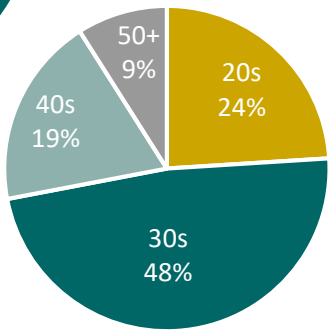
Demographics

This page focuses on the 68 participants who were released into the community while enrolled in the program and completed an assessment within one month of release. Participants in the community are representative of the overall participant population.









Progress since release

Within the first 30 days in the community, participants are well-connected to services, resources, and supports.

96% have Medicaid (3% applied were waiting for approval)

60% are receiving mental health services

59% are receiving substance use treatment

56% are receiving Medication for Opioid Use Disorder

39% rated their opioid cravings at '0'[1]

22% are employed

11% have a driver's license

Of those who are receiving MOUD:

71% *Buprenorphine*
26% *Naltrexone*
3% *Methadone*

[1]*Because of missing data, the opioid cravings indicator is based on responses from 26 of the 68 participants released to the community*

8 MIREP-2 participants graduated!

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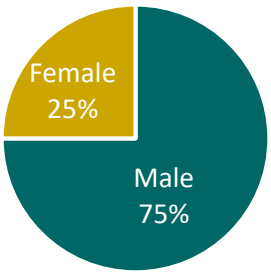
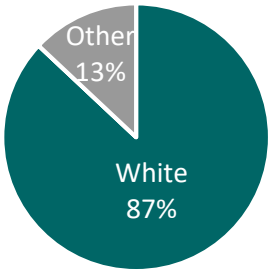
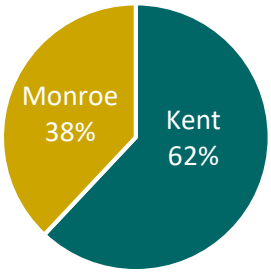
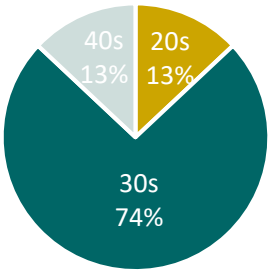
Demographics

At the end of the first year, 8 participants have graduated. Graduates are predominantly male, White, in their 30s, and from Kent County.









Opioid use risks

Despite opioid-related risks, these participants made it all the way through to graduation.

88% 'High Risk' opioid use

88% report past injection opioid use

50% report at least 1 previous opioid overdose

Strengths & resources

By the end of the program, graduates show strengths in several areas and significant improvements in average cravings for primary substance (rated on a scale from 0-10) from enrollment to graduation.[1]

100% say MH services are helping

100% say social network supports recovery

100% have health insurance (86% Medicaid)

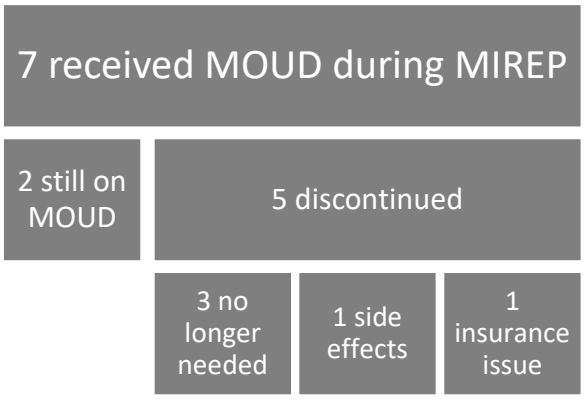
80% rate health excellent/very good/good

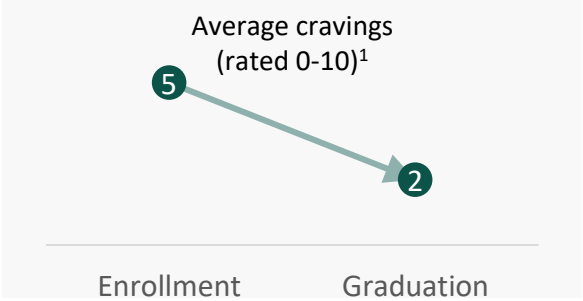
63% are employed

57% rate their opioid cravings at '0'

50% are currently receiving SU treatment

38% have a driver's license





[1]*t=4.26, p<.01*

MIREP-2 pre-release service intensity

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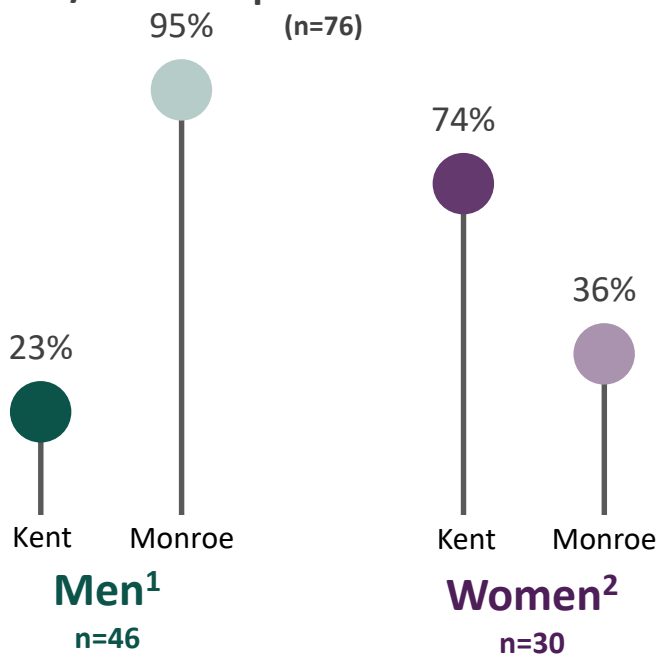
This analysis shows that pre-release service intensity varies by county, gender, and type of session (i.e., CM or PSS).

Rate At/Above Expectation for CM sessions



Rate At/Above Expectation for PSS sessions

(n=76)

[1]χ^2=23.57, p<.001; [2]χ^2=4.04, p<.05; [3]χ^2=4.47, p<.05

This analysis includes n=76 and excludes 5 people who enrolled after March 13, 2020 and one person who wasn't officially enrolled until they turned 18.

Participants are considered to be At/Above the service intensity expectation if they received at least 1 CM and 1 PSS session per week pre-release. This data includes services until the cutoff date of March 13, 2020 to exclude data during facility closures due to COVID-19.

Men from Monroe are receiving the expected level of pre-release CM services at more than four times the rate of men from Kent.[1] The opposite pattern is seen among women, where women from Kent are receiving the expected level of pre-release CM services at more than double the rate of women from Monroe.[2]

For PSS service intensity, patterns similar to those above are seen across gender and county. Men from Monroe are receiving the expected level of pre-release PSS services at almost three times the rate of men from Kent, though this is not significant. Women from Kent are receiving the expected level of pre-release PSS services at more than three times the rate of women from Monroe.[3]

Note that all men from Monroe and all women from Kent are located in a jail; the logistics of providing services inside prison for Monroe women and Kent men may impact service delivery.