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

October 2022

Michigan Re-Entry Project (MIREP): Kent, Macomb, Monroe, Oakland, Wayne Counties

Evaluation Report

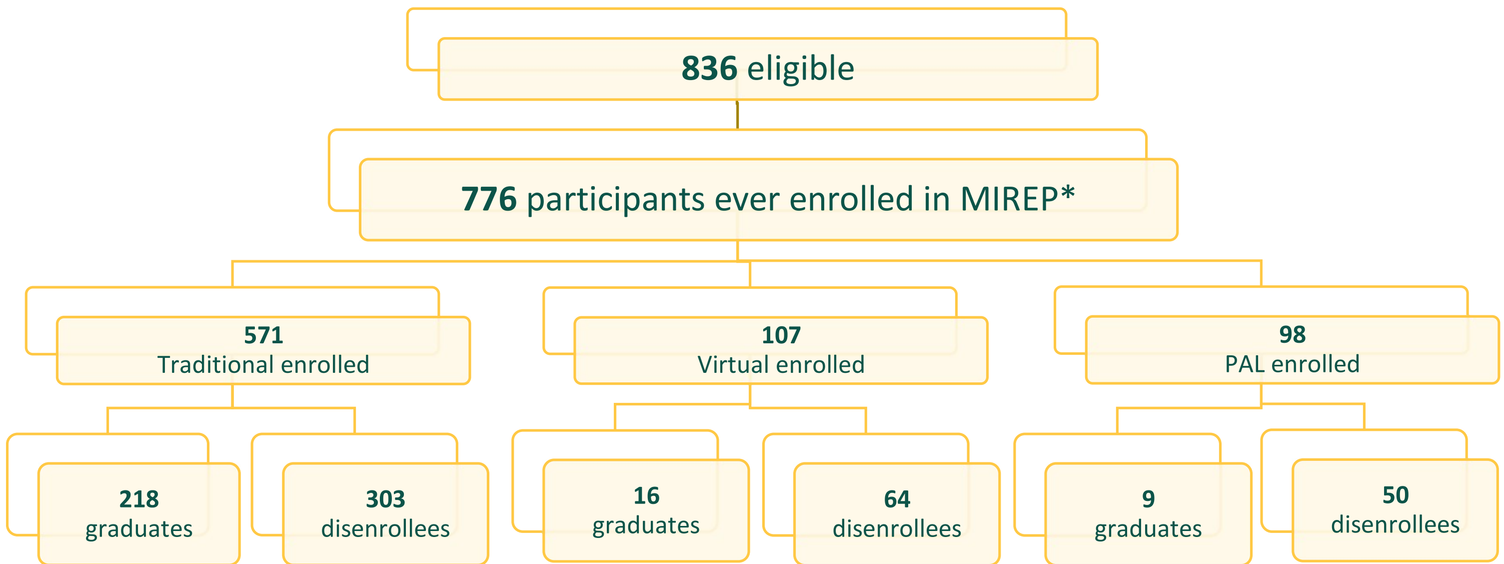
This report covers five years of the Michigan Re-entry Project (MIREP) in Kent, Macomb, Monroe, Oakland, and Wayne counties (May 1, 2017 – April 30, 2022). MIREP had three program branches: MIREP Traditional, MIREP-Virtual, and Peer Assisted Linkage (PAL). The report below will examine each of the four goals of MIREP and how they were addressed in programming.

MIREP Evaluation Report

MIREP was supported through funding from SAMHSA's State Opioid Response to the Opioid Crisis to fill a service gap for individuals in jail or prison who have co-occurring opioid use and mental health disorders. MIREP had 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.

Goal #1: Expand the availability of opioid use disorder (OUD) treatment and recovery options for re-entering individuals

Below is a chart depicting the number of individuals identified as eligible for MIREP programming followed by those who went on to enroll in and graduate or disenroll from MIREP programming:



**Please note that the 776 participants include those who were currently enrolled at the data cut point, however, current enrollee numbers were not included in the graduate or disenrollee counts at the bottom of the chart.*

The expansion of MIREP allowed for individuals coming from a wide range of different facilities and counties to have access to treatment and reentry supports.

2017-18
- **149 New enrollees**
  - May 2017 - MIREP Traditional, began in two facilities recruiting individuals releasing to Macomb, Oakland, and Wayne counties
  - Oct 2018 - MIREP Traditional expanded to three additional facilities (including two jails) and opened to individuals releasing to Kent and Monroe counties

2019-20
- **269 New enrollees**
  - 2019 - MIREP enrollment grew due to facility expansion
  - 2020 -The COVID-19 pandemic caused facility-wide closures that halted new enrollments

2021
- **85 New enrollees**
  - The COVID-19 pandemic continued to affect enrollment
  - Funding in Monroe county discontinued after September 2021

2022
- **253 New enrollees**
  - MIREP-Virtual and PAL programming added five new facilities recruiting individuals releasing from Macomb, Oakland, Wayne, and Kent counties

Cont. Goal 1: Expand the availability of opioid use disorder (OUD) treatment and recovery options for re-entering individuals

➢ **Successes:** Many MIREP participants were linked with services that assisted in their recovery and reentry after release.

- **Housing within first 30 days:** 44 of 94 total respondents (across programs) reported living in a place they rent or own. The most common barrier listed to finding stable housing was price/affordability (50 of 85 respondents).

- Many MIREP participants were also linked with the following **services within 30 days of their release** into the community…

MIREP Traditional first 30 days	MIREP-Virtual/PAL first 30 days
90% had Medicaid	83% had Medicaid
37% were receiving MOUD	20% were receiving MOUD
26% were employed	49% were employed
24% had a driver's license	19% had a drivers license
22% had reliable transportation	12% had reliable transportation

Challenges to implementation and operation

Throughout programming, staff and participants faced many challenges that in turn effected enrollment and participant success.

- **Release date instability** posed a challenge as participants' dates were often pushed back due to teaching staff issues for mandatory courses. These changes effected program eligibility.
- **High staff turnover** throughout the course of programming, and especially throughout the COVID pandemic, led to low enrollment and engagement.
- **Inability to access MDOC parole data** posed a challenge to tracking outcomes (such as recidivism prevalence) once participants were released into the community.
- **COVID restrictions** and lockdowns within facilities made contact with participants difficult.
- **The use of Microsoft Teams was suspended** by MDOC between June and October of 2021. This created a barrier to programming, as Teams was the primary avenue of communication between staff and clients.

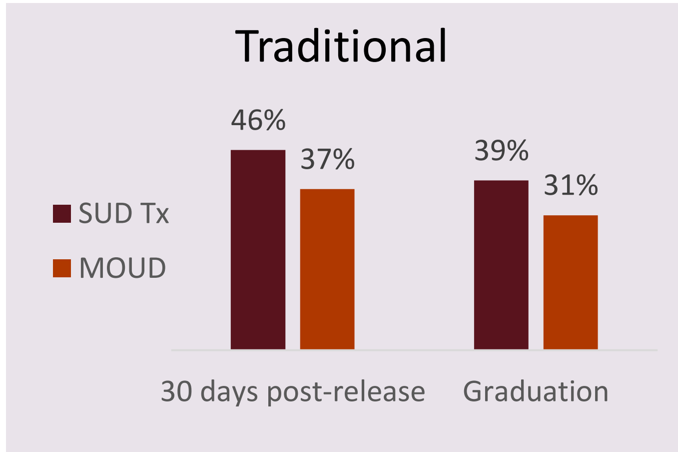
Goal #2: Reduce opioid overdoses and other substance use relapses

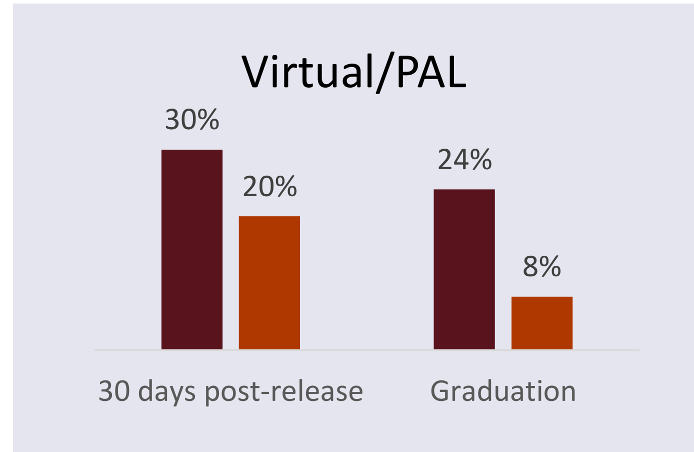
➢ **Risks:** MIREP participants were known to have high risks surrounding substance use (SU).

- **100%** screened positive for a co-occurring mental health and substance use disorder (SUD) at intake.
- **71%** rated high risk for substance use.
- **45%** reported prior opioid use by injection.
- **42%** reported at least 1 prior opioid overdose.
- **65%** used drugs each of the 30 days prior to incarceration.

Cont. Goal #2: Reduce opioid overdoses and other substance use relapses

- **Successes:** Despite risks, many MIREP participants demonstrated success in recovery.
  - **Rankings of drug cravings (0-10) decreased significantly** (3 at enrollment to 1 at graduation).[1]
  - Over a third of participants **utilized SUD treatment and Medications for Opioid Use Disorder (MOUD)** during programming and up through program graduation (at about 6-months post-release)…





- **Vital records opioid overdose data**
  - In a comparison between enrolled MIREP participants and individuals who were eligible but not enrolled, preliminary analysis of vital records overdose data found no effect of program involvement on overdose death. After controlling for age, sex, and previous drug use history, no significant differences were found in overdose deaths based on enrollment or non-enrollment in MIREP. Complete report on these findings to follow.

Goal #3: Improve mental health (MH) outcomes

MIREP Traditional first 30 days	MIREP-Virtual/PAL first 30 days
48% received MH services	33% received MH services
68% rated health as very good/good	74% rated health as very good/good

- **Risks:** MIREP participants were known to have extensive histories of trauma and mental health concerns:
  - **90%** had experienced at least one trauma.
  - **63%** had been homeless prior to MIREP.
  - **74%** had a previous inpatient stay for MH and/or SUD.

- **Successes:** Many MIREP participants showed great improvements in their mental health.
  - **PTSD symptom severity improved** (37 at enrollment down to 26 at graduation).[2]
  - **K10 MH symptom severity improved** (21 at enrollment down to 15 at graduation).[3]
  - Programmatic successes within the **first 30-days post-release…**

[1]$t=5.318$, $p<.001$; [2]$t=9.140$, $p<.001$; [3]$t=9.042$, $p<.001$

Goal #4: Reduce recidivism

- **Risks:** MIREP participants were known to have histories of criminal-legal involvement.
  - **95%** had been arrested and convicted of crimes unrelated to their incarceration at enrollment.
  - **18 years old** on average at first arrest.
  - **82 lifetime months** on average spent incarcerated, unrelated to their incarceration at enrollment.

Goals for assessing recidivism	Challenges to assessing recidivism
Utilize multiple data sources (both self-report and from MDOC) to examine various operationalizations of recidivism (return to prison, parole violation (PV), etc.) across MIREP participating and non-participating samples.	While the model fidelity data collected by the case managers provide one measure of self-reported data on recidivism, the evaluation team was unable to obtain administrative data from MDOC regarding any positive drug screens, parole violations, returns to prison, etc.
Workaround to challenges	**Limitations of workaround**
To augment the self-report data, the evaluation team utilized publicly available data from the Michigan Offender Tracking Information System (**OTIS**) to determine if a sample of MIREP participants were incarcerated at the project end date. The samples below included enrollees who spent time in the community during programming and were released from prison facilities.	➢ Timelines regarding time in the community or time spent reincarcerated is unavailable. ➢ Individuals recruited from jails were excluded. ➢ Individuals who disenrolled prior to release were excluded. ➢ Other missing data excluded some individuals.

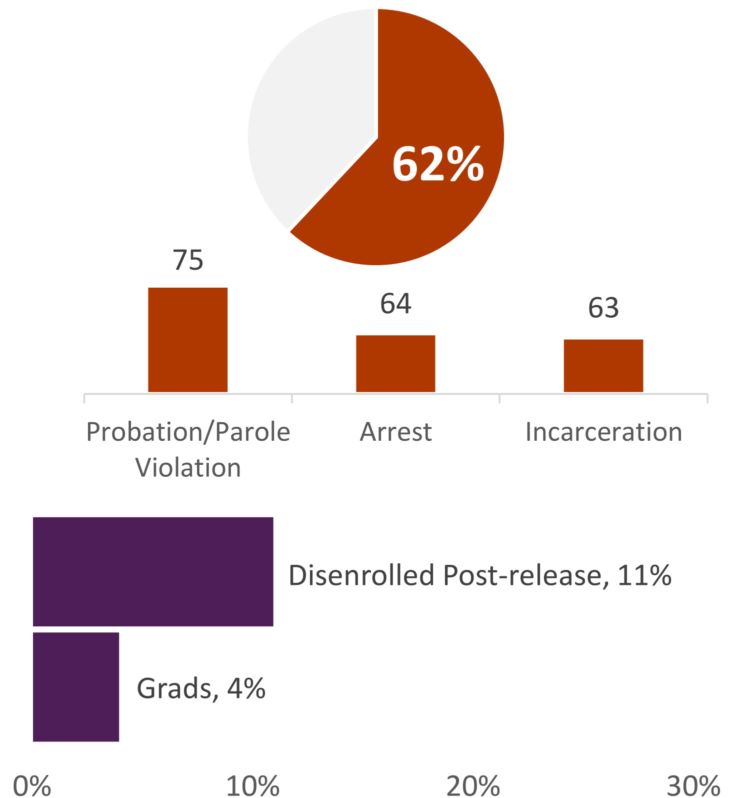
- **Recidivism Findings:** These findings provide interesting avenues for future evaluation and research in reentry programming.

Program fidelity data: Of 243* jail and prison participants released into the community…

- 150 of 243 (62%) of released participants had some form of criminal-legal intervention during their post-release enrollment.
- The most prevalent type of intervention was a PV, though individuals could self-report more than one type during the time period.

OTIS public data: Of 371* prison participants released into the community…

- 28 of 371 (8%) of released participants were reincarcerated at the time of program close. An additional 38 (10%) were marked on abscond status.
- Program graduates were significantly less likely than post-release disenrollees to be reincarcerated or on abscond status at time of program close.[1]



[1] χ^2=16.817, *p<.001, *sample sizes vary due to missing data on selected recidivism variables*

Future programming recommendations

The successes and lessons learned from MIREP programming can be used to improve future reentry programming. This list is not expansive, but highlights some of the salient issues the evaluation team came across during five years of MIREP programming.

1) Expand the availability of opioid use disorder (OUD) treatment and recovery options for re-entering individuals

- Staffing turnover and release date instability posed great challenges for recruitment and programming. Outlining processes for addressing unstable release dates and ensuring clients have a warm hand off to their next provider before staffing changes occur will help address these issues.
- Strike a balance between intensity (quality) of programming and number of people served (quantity).

2) Reduce opioid overdoses and other substance use relapses

- Getting individuals started on MOUD treatment within facilities will help decrease risk associated with overdose upon release.
- Focusing on connection to needed services in the first 30 days after release, -a high risk period for overdose.

3) Improve mental health outcomes

- Individuals with co-occurring mental health and substance use concerns have extensive histories of trauma and poor social determinants of health. Release planning with community treatment providers and continuity of care will ensure there are no gaps in wrap-around support for program participants.

4) Reduce recidivism

- Operationalize recidivism early on in programming and clearly outline expectations for data collection with necessary entities.
- Use both self-report data and external data to facilitate discussion about recidivism.
- Formulate a plan for following up on program participants' data after program intervention so that outcomes post-programming can be measured accordingly.