

The Opioid Treatment Ecosystem Initiative

Developing Pathways to Treatment

April 2020

The team from the Center for Behavioral Health and Justice (CBHJ) at Wayne State University has over a decade of experience facilitating collaboration between criminal-legal stakeholders and behavioral health treatment systems, and we continue to work with 20 jails across the state. With funding from the Michigan Health Endowment Fund (hereafter, Health Fund), we have developed the Opioid Treatment Ecosystem (OTE) initiative, a technical assistance framework aimed at strengthening community-based substance use disorder (SUD) treatment at the intersection of criminal/legal systems (figure 1). Although this OTE framework, and particularly the **Communities of Practice model** (see below), are used in multiple sites across the state, the OTE Health Fund initiative is broader, enjoining the work of first responders (EMS and law enforcement) to reduce overdose and facilitate treatment access. This focus is on two programs in Kent County and Monroe County: **Proactive Response to Overdose and Appropriate Connections to Treatment (PROACT)** and **Medications for Opioid Use Disorder (MOUD) in Jail**.



Figure 1: Opioid Treatment Ecosystem (OTE)

Proactive Response to Overdose and Appropriate Connections to Treatment (PROACT)

While several opioid treatment funders target naloxone distribution and jail programming, the Health Fund's unique focus on Michigan's Emergency Medical Services (EMS) could create a new paradigm of public overdose response. EMS agencies reversed 669 and 177 overdoses in Kent and Monroe counties in 2019; studies suggest that overdose victims are at high risk for a subsequent overdose, yet few will engage in treatment after emergency department (ED) care. The CBHJ facilitated PROACT programs where first responders notify treatment providers to meet overdose victims where they are: at their homes, at the incident location, or even at the ED. Follow-up care can include naloxone and overdose response training, syringe services and healthcare testing, basic needs and housing referrals, and ongoing recovery coaching. Without notification from first responders, treatment providers have no way to know about opioid overdose events, let alone offer services to victims. Patients, family members, and friends struggle to navigate complex behavioral health systems, especially in large metropolitan counties. PROACT programs direct treatment providers straight to the doorsteps of high-risk users.



Figure 2: OTE Counties Kent and Monroe

PROACT: Kent County

Kent County had aspects of a PROACT program in place in 2019, but the CBHJ's facilitation is on course to significantly increase its first responder referrals in 2020 (figure 3). The Grand Rapids Red Project, a harm reduction agency, provided home visits to overdose victims on referrals from law enforcement agencies. Yet law enforcement only referred cases on officer-administered naloxone; EMS agencies reverse about ten times the overdoses that law enforcement agencies do. HIPAA misunderstandings prevented program expansion. The CBHJ introduced Kent's EMS agencies to the Red Project, helped the parties navigate HIPAA and 42 CFR Part 2 protected information, and drafted memorandums of understanding (MOUs) to formalize the collaboration. **Starting mid-April 2020, anyone on an overdose scene in Kent County will receive a Red Project business card with QR code links to a PROACT program. EMS agencies are projected to begin sending patient names and addresses directly to Red Project's wellness check team in summer, 2020.** Thanks to the Health Fund's unique target of overdose response, Kent's EMS systems is making a foundational change that appears sustainable beyond the life of the grant.

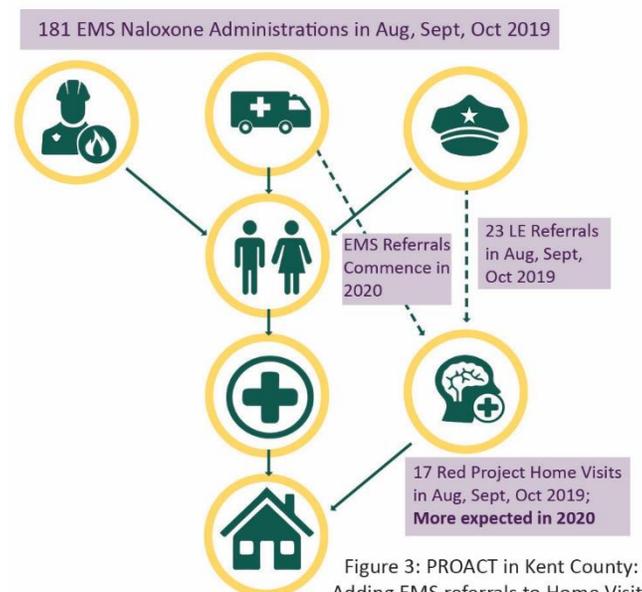


Figure 3: PROACT in Kent County: Adding EMS referrals to Home Visits

PROACT: Monroe County

In Monroe County, the Monroe Community Mental Health Authority (MCMHA) had clinical staff responding to mental health crises upon law enforcement referral, a system that feasibly scaled to opioid overdoses in a PROACT program (figure 4). MCMHA clinicians and recovery coaches could even respond to some cases at the ED. Prior to CBHJ involvement, MCMHA had no method of tracking or receiving opioid overdose data, nor did it have a direct connection with its local EMS agency. The CBHJ introduced stakeholders to an EMS-administered naloxone database, shared Kent’s business card dispersal strategy to Monroe stakeholders, and drafted a template MOU between MCMHA and Monroe’s EMS agency.

MCMHA began responding to overdose referrals from law enforcement agencies in January 2020. Starting late-April 2020, MCMHA business cards will be distributed on all overdose scenes in Monroe County. Monroe’s EMS agency is projected to start initiating direct referrals to MCMHA’s PROACT program in spring, 2020. Thanks to the Health Fund’s unique target of overdose response, Monroe’s EMS system is making a foundational change that appears sustainable beyond the life of the grant.

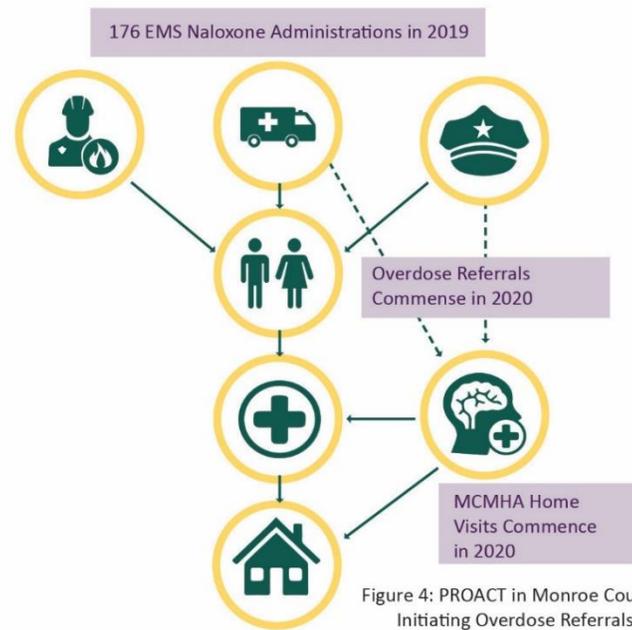


Figure 4: PROACT in Monroe County: Initiating Overdose Referrals and Home Visits

Medications for Opioid Use Disorder in Jail

County jails are a pivotal touchpoint where public health systems can intervene with people who have Opiate Use Disorder (OUD). Fatal overdose is 129 times more likely within the first two weeks of incarceration than it is for the general population. There is no OUD treatment with stronger evidence than medications for opioid use disorder (MOUD), which includes methadone, buprenorphine, and naltrexone. Despite these findings, MOUD remains largely unavailable in correctional settings.

The CBHJ’s MOUD in Jail Model (figure 5) incorporates multiple evidence-based practices to assure persons with OUD who are booked into jail receive the standard of care during incarceration and post release. Full MOUD model implementation uses validated screening tools, access to all three forms of MOUD, induction for new patients, adjunctive psychosocial services, and a continuity of care plan with naloxone distribution on release. Integrating these services into jails and prisons can improve treatment outcomes and save lives.

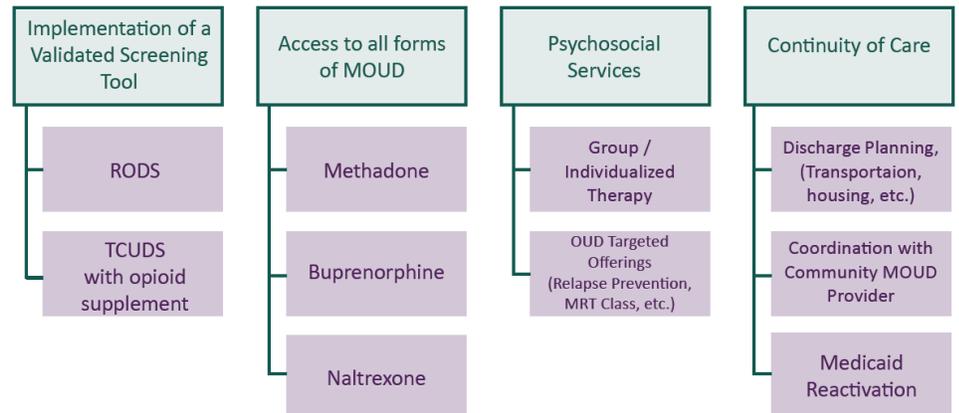
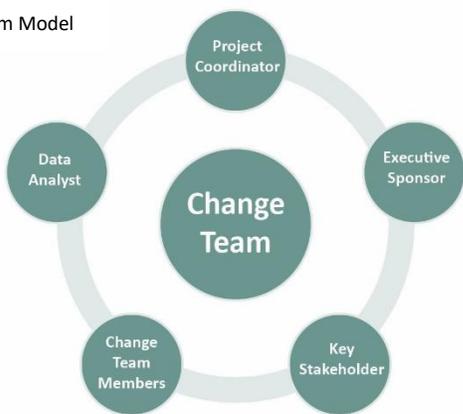


Figure 5: CBHJ’s MOUD in Jail Model

Change Teams and Community of Practice

The CBHJ uses Change Teams to implement OTE programs on a local, county level. Change Teams are an evidence-based model from the Network for the Improvement of Addiction Treatment (NIATx) that facilitates attitudinal change around SUD treatment, a key barrier in criminal-legal systems. CBHJ Project Coordinators generate an alliance among criminal-legal stakeholders, community-based providers, and first responders. Change Team meetings occur regularly (weekly, monthly, or bi-monthly) and include data review, identification of barriers, and shared learning. Change Teams introduce, vet, and apply new ideas to fit the strengths and constraints of local systems (e.g. evidence-based screenings, methadone security, video visitation via tablet, etc.).

Figure 6: Change Team Model



Where traditional opioid treatment funding limits impact to target counties, the Health Fund enables a statewide Community of Practice to share Change Team lessons from across county lines. The CBHJ distributes topical materials (i.e., training materials, video content), academic detailing (i.e., policy briefs), a monthly online newsletter, and peer learning via Learning Summits. The Health Fund specifically supports implementation in Kent and Monroe Counties, but the Community of Practice ensures their implementation challenges and successes are spread across the state.

Next Steps

The OTE initiative has facilitated a tremendous amount of change over the past nine months. Thanks to the Health Fund’s unique vision of EMS system change, both Kent and Monroe Counties developed PROACT programs to meet high-risk overdose victims who may never have encountered treatment before. Moreover, both counties incorporated mechanisms to provide all three forms of MOUD, case management, recovery coaching, and discharge planning for all OUD patients in its respective jails. Change Teams generate and apply ideas locally, and the Community of Practice spreads them statewide.

New ideas require thorough evaluation, and OTE implementation has laid the groundwork for robust data collection. *The Health Fund’s specific EMS target opens new doors of community overdose analysis; the CBHJ is developing data use agreements (DUAs) with EMS agencies in Kent and Monroe. Merging identifiable overdose data, booking and release data, OUD jail screening data, and OTE program data, will clarify treatment linkage, changes in non-fatal or fatal overdose rates, and the relationship between incarceration and overdose.* The CBHJ is assessing OUD screening data, and MOUD in Jail program data (e.g., type of medication, referral source, program completion), PROACT program data, and Change Team attitudinal surveys. Figure 7 illustrates the baseline OUD prevalence rates for Kent and Monroe County relative to the other OTE counties; more in-depth analysis be found in our OTE April Update Report.

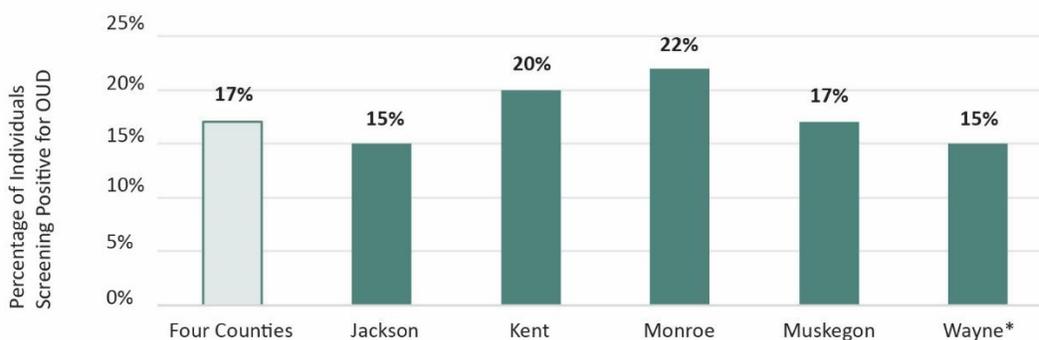


Figure 7: Individuals Screening Positive for Opioid Use Disorder

Data Source: 2019 30-Day RODS (four sites; N=1298).
*Wayne County used a different OUD screen, and was omitted from the four county average

The COVID-19 pandemic has disrupted jail-based behavioral health services and accelerated releases at a time when discharge planning is needed most, but the CBHJ has risen to support jail providers amidst the crisis. The CBHJ received a technology pilot grant to implement off-the-shelf technology to establish and enhance telehealth services (i.e., the provision of healthcare remotely by means of telecommunications technology) in county jails. The CBHJ is currently overseeing efforts in 15 jails to integrate telehealth technology and develop a continuum of care beyond the current crisis. We have postponed our in-person Community of Practice Summit until September 2020; OTE efforts will be shared through an online summit on May 5, 2020. The virtual format will increase its reach to 500 participants beyond the former room capacity of 120. The economic effects of COVID-19 will only exacerbate the issues of Opioid Use Disorder in vulnerable populations, and the implementation of evidence-based practices to promote recovery is paramount.