Drug Overdose Death in Michigan

9th largest number of deaths
17th highest death rate

Wave 1: Prescription Opioids
Wave 2: Heroin
Wave 3: Fentanyl

*Data Source: CDC WONDER
CBHJ OTE Initiative Goals

Project Start: August 2019

Goals:
- Transform the attitudes of criminal/legal stakeholders and the culture in correctional facilities as we implement sustainable evidence-based behavioral health treatment
- Develop a continuity of care for those entering jail
- **REDUCE DRUG OVERDOSE DEATHS IN MICHIGAN!**
Criminal/Legal Systems as a Touchpoint

Approximately **20%** of incarcerated individuals **meet the criteria for opioid use disorder**. (Binswanger et al., 2013)

Less than **11%** of these individuals **receive treatment**. (NIDA, 2017)

Death from a drug overdose is **129 times more likely** for individuals within the first two weeks of release from incarceration than it is for the general population. (Binswanger et al., 2007)
Following lawsuits in Maine, Massachusetts, and Washington Federal Courts ruled that withholding treatment is a violation of the 8th Amendment and the ADA (Arnold, 2019; Taylor, 2018; Associated Press, 2019)

ADA defines OUD as a disability (DHHS, 2018)

Best practices allow participants to utilize all three forms of medications for OUD
Medications for Opioid Use Disorder

Methadone
- Full agonist: generates effect

Buprenorphine
- Partial agonist: generates limited effect

Naltrexone
- Antagonist: blocks effect

Evidence on Medications for Opioid Use Disorder

- Reduces *drug use, opioid use, criminal behavior, and injecting behaviors*.

- Each MOUD modality should be provided *in addition* to psychosocial or behavioral therapy.

- Recent research suggests that buprenorphine and methadone are the most effective medications for reducing the use and of illicit opioids.
Opioid Treatment Ecosystem
Implementation Strategy
CBHJ Implementation Framework

Exploration → Preparation → Implementation → Sustainability
CBHJ Implementation Framework

Activities include:

- Needs assessment
- Access to training and resources
- Process mapping
CBHJ Implementation Framework

Activities include:

“Change Team” facilitation

Program evaluation

Sustainability planning
County-Level Change Teams

- Developed out of the NIH Network for the Improvement of Addiction Treatment (NIATx) Model
- Includes jail admin and health, CMH and community providers
- Meet at least once a month
- Some are integrated into existing groups
- Data review, barriers, shared learning
County-Level Change Teams

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Center for Behavioral Health and Justice staff
The CBHJ MOUD in Jail 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, etc.
- Coordination with Community MOUD Provider
- Medicaid Reactivation

Opioid Treatment Ecosystem | February 2020
### Current CBHJ OTE Initiative Counties

<table>
<thead>
<tr>
<th>County</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent</td>
<td>91</td>
</tr>
<tr>
<td>Jackson</td>
<td>10</td>
</tr>
<tr>
<td>Monroe</td>
<td>48</td>
</tr>
<tr>
<td>Muskegon</td>
<td>50</td>
</tr>
<tr>
<td>Washtenaw</td>
<td>82</td>
</tr>
<tr>
<td>Wayne</td>
<td>775</td>
</tr>
</tbody>
</table>

41% of overdose deaths in 2018 occurred in these counties.
Attitudes and Readiness

Knowledge of Medications for Opioid Use Disorder:

Familiar with Medications for Opioid Use Disorder*

- County A: 80%
- County B: 100%
- County C: 88%
- County D: 100%

Have Attended a Medications for Opioid Use Disorder Training or Workshop*

- County A: 60%
- County B: 89%
- County C: 50%
- County D: 71%

Attitudes Towards Substance Use Disorder

I am comfortable serving people with substance use disorder

- Percentage of Respondents Who Agree: 57%

I treat people with substance use disorder in the criminal/legal system the same as others

- Percentage of Respondents Who Agree: 72%

Landlords shouldn’t be able to deny housing because of substance use disorder

- Percentage of Respondents Who Agree: 87%

Employers shouldn’t be able to deny work because of substance use disorder

- Percentage of Respondents Who Agree: 89%

Agreeability Regarding Social Distance & Self Efficacy*

- County A: 57%
- County B: 63%
- County C: 89%
- County D: 100%

Data Source: Community Readiness Survey (November 2019)

* Data collected from four Opioid Treatment Ecosystem counties
Community of Practice

Medication for Opioid Use Disorders, including but not limited to the following three medications, recommended to be used with counseling and behavioral therapies.

**Buprenorphine**
- Schedule an appointment with a physician who is approved to prescribe buprenorphine.
- Pick up or receive buprenorphine from a pharmacy.
- Schedule an evaluation and prescription.
- What will it do?
  - Buprenorphine will lessen symptoms of withdrawal and cravings. There may be some stimulating or sedative side effects initially, but these should disappear when the correct dose is determined.
- What kind of medication is it?
  - Buprenorphine is most often taken as a daily tablet (Suboxone or Subutex) but can also be taken as a 6-month implant.
- Transition Period
  - Buprenorphine can be started in the early stages of withdrawal (typically within 24-36 hours of withdrawal from opioids).
  - 27.36
- When/How is it administered?
  - Patients will visit a Methadone clinic daily. After sustained success with Methadone, patients may be asked to take home a small supply of methadone between visits to the clinic.
- Statistics
  - 24-83%

**Methadone**
- Schedule an intake appointment at a Methadone-specific clinic.
- Begin receiving Methadone shortly after that appointment or whenever the clinic determines it is appropriate.
- What will it do?
  - Methadone will lessen symptoms of withdrawal and cravings. There may be some stimulating or sedative side effects initially, but these should disappear when the correct dose is determined.
- What kind of medication is it?
  - Methadone is most commonly taken as a drainable liquid, but also comes as a powder, wafer, or tablet.
- Transition Period
  - Methadone can be started at any time; there are no withdrawal or detox requirements.
- When/How is it administered?
  - Methadone treatment offers 100%-100% rehabilitation success rate.
  - This treatment should be used in combination with counseling.
- Statistics
  - 24-83%

**Naltrexone**
- Wait 7-10 days after stopping the use of opioids.
- Receiving injection at a clinic.
- Arrange regular counseling and assessing your support system to strengthen your ability to continue with a potentially daily treatment.
- Logistics, such as employment, transportation, and childcare.

**What should you discuss with your physician and take into consideration when choosing an MOUD treatment?**
- Are you pregnant, breastfeeding, or on any other medications that may interact with MOUD treatments?
- Concerns and questions about detox, symptoms, and side effects, withdrawal symptoms.

In 2017, The Eaton County Sheriff’s Office (ECSO) received a Bureau of Justice Assistance grant to implement medication for opioid use disorder (MOUD) for inmates with opioid use disorder (OUD) housed in the Eaton County Jail. Community buy-in for MOUD was achieved after the Sheriff’s Office provided learning sessions to key stakeholders in the criminal/justice system regarding OUD and the neurobiology of addiction. Compared to typical, behavior health/criminal justice collaboration was constructed to pilot the first in jail MOUD program in the state of Michigan.

In designing the program, stakeholders needed to ensure that the overall design could be adaptable to the continually changing needs of the community, particularly to be prepared in the event of a new/renewing substance related crisis. To that end, the program’s treatment component is derived from Motivational Interviewing, an evidence-based protocol that was originally developed for codeine and methamphetamine addicts. The Matrix Model is a comprehensive, multiformat program that covers key clinical areas (Figure 1), all of which have been adapted and incorporated throughout available OUD services.

**Funding and Sustainability:**
- The Eaton County Sheriff’s Office has been successful in sustaining OUD services within the county jail. Leadership has independently written for and been awarded several grants that have provided programming financial support. In addition to grant dollars, the Sheriff’s Office contributes from its budget as needed. Bill Jenkins, ECHC Healthcare Administrator, notes that the cost of MOUD has declined significantly in recent years, making costs comparable to other medical conditions treated in the jail.
Community of Practice Summit

September 2020*
East Lansing Hannah Community Center

• Convening of current and prospective OTE community stakeholders, funders, and State of Michigan partners
• Keynote address on making sustainable change
• Panel presentations by jail staff, MOUD prescribers, behavioral health providers, and first responders
• Discussion on where we go from here

*dependent on accepted public health protocols.
Data Collection

What Data Do We Collect?

Organizational Data
Stakeholder attitudes/knowledge around SUD, evidence-based practices, & MOUD
Stakeholder perceptions about OTE programs

Why Do We Collect It?
To evaluate community readiness and assist with OTE implementation & development

OUD Screening Data
Prevalence of opioid & MOUD use

To assess need for MOUD and OTE programming

Process Data
Number of bookings, RODS administered, positive RODS screens, persons eligible for MOUD, persons enrolled in MOUD

To illustrate how a sample processes through booking to MOUD enrollment and to evaluate implementation

Individual Data for MOUD Participants
MOUD history, type of MOUD, first/last doses, MOUD referral source, successful/unsuccessful program completion, reason for non-enrollment

To describe individuals referred to programming and how they are referred and processed through the program
Preliminary OUD Prevalence

14.5% of those booked into jail may have OUD

Jackson+ 13%  Kent+ 13%  Monroe* 18%  Muskegon+ 14%

Note. Results presented in chart are preliminary findings.

Data Source: Baseline Rapid Opioid Dependence Screen

+ 30 day collection period
* 10 month collection period
January 7, 2020

Sheriff’s Association Survey Results
Sample Sizes

- **All Counties (Full Sample):** 44
  - **Opioid Treatment Ecosystem (OTE) Counties:** 6
  - **Other (Non-OTE) Counties:** 38
Assessing Opioid Withdrawal Using Standardized Tool

- 46% of all counties reported using a standardized tool to assess opioid withdrawal.
- OTE counties are significantly more likely (100%) to report using a standardized tool to assess opioid withdrawal than other counties (37%).

Data Source: Sheriff's Association Survey

*Difference statistically significant
Types of MOUD Offered In-Jail

Number of MOUD Forms Offered In Jail

- 30% of all counties reported offering all three forms of MOUD in jail.
- OTE counties are significantly more likely (100%) to report offering all three forms of MOUD in jail than other counties (18%).

Data Source: Sheriff’s Association Survey

*Difference statistically significant
• OTE counties are significantly more likely (100%) to report offering behavioral health services, such as peer support, counseling, and 12-step programs, than other counties (47%)
• OTE counties are significantly more likely (67%) to report offering naloxone upon release than other counties (11%).

• OTE counties (83%) are significantly more likely to report offering assistance with Medicaid upon/prior to release than other counties (29%).

Data Source: Sheriff’s Association Survey

*Difference statistically significant
OTE Next Steps
Implementation of a Validated Screening Tool

Access to all forms of MOUD
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Post Overdose Response
- RODS
- TCUDS with opioid supplement

New Inductions

Treatment | Peer-Recovery | Harm Reduction

Naloxone at Release
Wayne State University Center for Behavioral Health and Justice

IUPUI TRIP Community Showcase – November 4, 2019