



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

**Opioid Treatment Ecosystem  
Community of Practice Monthly Meeting  
February 19, 2021 · 11:00 – 12:30**

**I. Welcome**

- II. Opening remarks** (*Dr. Brad Ray, CBHJ Director*): We'll be talking about the rapid opioid dependence screener today. The development of these screens is started with a lot of survey questions whittled down to the most essential items. The RODs is only 8 questions, but these questions are very intentionally selected, these questions are very predictive of OUD, has been tested in the jail setting. It is a validated scientific tool.

Additionally, we talked a few months ago about a study on prescription drug records of overdose deaths to see how many people who were dying were getting Buprenorphine prescriptions. What we're seeing is that the people who have died of overdose and have had a Buprenorphine prescription, they had that prescription months before their death, and later died of Fentanyl most often. This is why it's crucial that we keep people on Buprenorphine and make these medications accessible and treatment sustainable.

Bob Butkiewicz and I have been working to purchase vending machines to dispense Naloxone in county jails. The logistics of this project have taken some time, but the idea is that the Naloxone is free and there will be a training video running continuously. This has been done in LA. We need to figure out where we're going to put them, so please reach out if you have interest in this project. We're trying to get a sense of how much it will cost and how many locations are interested in this.

**III. MAT/MOUD in jail** (*Matt Costello*)

**a. News and Updates**

- i. Link to CBHJ/OTE website:** <https://behaviorhealthjustice.wayne.edu/ote/monthly-meeting>

1. You can find our previous meetings, data slides, agendas, notes, and registration information for future meetings at this link.

**ii. Washtenaw County joining these CoP meetings next month**

1. Rahni Cason has been doing outstanding work with Washtenaw to get that facility up and running, and they've been up and running for the past 2 or 3 weeks. Very excited to have them join this Community of Practice Team.

**b. Exploration and Preparation**

**i. New county introductions update: Genesee, Mid state counties**

1. On Monday of this coming week, Bob, Nicole, and Matt have a meeting with stakeholders in Genesee County to determine course of action. There has been positive reception of our workplan in Genesee so we're looking to formalize that discussion and clarify some details around Buprenorphine so that we can create a proposal for consideration for funding.

2. We've also had some great discussion in the Upper Peninsula about technical assistance. Two judges are involved in these discussions, which should help us gain traction.
3. We also had a positive meeting this past week with some Mid-State counties, particularly Saginaw County, so we're working on a proposal for partnering with them.

**ii. Barriers to implementation: Michael Mackay, Nursing Supervisor for Kalamazoo County Jail**

1. Two years ago KCJ set up a partnership with a Methadone Clinic, which came in daily to dose out Methadone to people who were already their patients. About a year ago, the program was revamped to include Buprenorphine and Vivitrol. We currently continue prescriptions to people who already have Suboxone prescriptions. We just got approved for more TV's and tablets to continue meetings that are Covid safe via telehealth.
2. The Methadone was very easy working with Victory clinic – same with the Vivitrol shots. The hard part was the Buprenorphine prescriptions – our medical director is waived, but he doesn't see folks more than once in their entire incarceration, so he isn't comfortable writing new Buprenorphine prescriptions. He does write prescriptions for people who previously had prescriptions. So we've needed to find someone in the community who is comfortable writing prescriptions for Buprenorphine for our inmates.
3. Who dispenses the medications that come into the jail? Victory Clinic sends their own employee to dispense Methadone. Michael Mackay dispenses the Buprenorphine himself. And Jail medical staff dispenses the Vivitrol shots.

**c. Sustainment - existing counties report out program metrics and successes**

**i. Local Data Discussion**

**1. Muskegon County (Heather Wiegand & Bob Butkiewicz)**

- a. Steadily moving forward, continued low census in the jail means low census in the MAT program. We're about to include a recovery coach in the team. We do have a current patient in the jail that we're discussing Methadone induction with Cherry Health (which would be our first Methadone induction). Not much else new. Still not allowed to do in person treatment typically, there are some exceptions for crises.
- b. We are integrating into HealthWest's medical team, but nothing is changing dramatically right away. We want to ease into it and make sure that the program we have running currently continues running smoothly.
- c. Heather and her team in Muskegon has been instrumental in identifying gaps in the RODs process and taking immediate steps to address those issues

**2. Jackson County (Emily Brundage & Rahni Cason)**

- a. We finally got the electronic RODs set up, not having to deal with paper anymore, and has helped so much with the time lapse between booking and assessment that we were having. Increasing counseling through one of the jails, so there is more behavioral health services being completed.
- b. Only had counseling with one inmate receive counseling last month in Chanter road, but we have increased it to four clients, so that will be reflected in the data next month. The city jail is still very locked down, so telehealth is not available there. They get a lot more people than Chanter road, so they have to deal with more Covid tests and logistics than Chanter road and aren't able to do telehealth services currently.
- c. Still waiting on updates on Naloxone distribution – this data is delayed because there was a pipe burst in the Captain's office. There is signage up in the release area and Naloxone is available to anybody upon request – very strong development.
- d. There seems to be more Methadone than Buprenorphine clients. No Vivitrol right now. Ultimately it's the doctor's decision, so we're not sure why there are

more Methadone patients than Buprenorphine. We had more intakes of Suboxone last month.

- e. Victory Clinic nurses take the medication to the jail once a week, and then the jail nurses dose daily. Victory Clinic nurses and the jail medical team are in good contact with each other, Victory Clinic calls before delivery every week to make sure they're bringing the correct amount of medication.
- f. The electronic RODs have eliminated the time barrier between when an inmate gets booked and when an assessment can be done. However Emily only receives emails for positive RODs, so she doesn't know how many bookings are happening; when bookings are low, she doesn't receive any emails.

**3. Kent County** (*Theresa Simmons & Becca Newman*)

- a. No big changes. We've started distributing Naloxone kits for O1 alerts, that's going very well. Good process to try to eliminate missing anyone who might get out without one. Started this the 1<sup>st</sup> of February.
- b. O1 Alert: not receiving Methadone or Suboxone from an outside community provider, so a prescription can't be verified, so until we begin induction, they don't receive Methadone or Suboxone here.
- c. O2 Alert: came into jail already receiving Methadone or Suboxone from an outside provider and continue receiving it while they're here
- d. O3 Alert: someone involved in drug court.
- e. All three alerts are receiving Naloxone at release.
- f. VitalCore (new medical provider) does all of the dosing of medications in Kent.

**4. Monroe County** (*Chelsea Blackburn & Nicole Hamameh*)

- a. Currently at 100% screening at booking – we don't take RODs for ICE detainees. This is a big improvement since we changed our process of how we get our RODs.
- b. We've had an uptick in the use of Methadone, likely because we switched to the injection form of Buprenorphine (Sublocade) because we were having some issues with diversion of Buprenorphine – it was just one individual a few months ago. There have also been a few unconfirmed diversions, so we've switched to the injectable Buprenorphine to minimize risk. The Sublocade and Vitadone (a vitamin to help with the side effects of Methadone) are both covered by the same grant funding.
- c. Our currently psychosocial services are in person, our telehealth has not begun yet. All of our releases followed up with our provider that's dosing in the jail, which is great. We had one client without insurance, who we tried to connect with insurance before they left the jail.
- d. We're working on changing how we offer Naloxone in Monroe County. The individuals we missed were released very quickly and we weren't able to meet with them. We're developing a business card, resource pamphlet, as well as a Naloxone kit and instructions on how to use it. The officers involved in release will give these items to anyone with a positive RODs score. This will also be noted in the new jail system that's been put into place to make sure no one gets missed. (Eaton County also does a discharge kit – it may be worth connecting with someone there to compare strategies).
- e. Dosing happens every day, so the Corrections Officers take them out one by one. Corrections is feeling a little overworked, but are understanding and buying into the program. Passions of the Mind does all of the daily dosing.
- f. Currently in the process of finalizing a sustainability plan for when grant funding runs out in May of 2022, although it is expected to run out earlier, in September of this year

## ii. Round table discussion on RODS assessment

### 1. 3<sup>rd</sup> quarter data report

- a. Most RODs are taken at booking. We can look at each county and see what variations there are between counties. The goal is to get all of our sites above 90% for RODs completed at booking. This helps us determine prevalence rates that we can show to other counties who may be interested in starting MAT programming and want to make data driven decisions.
- b. Looking at the number of individuals who scored positive on the RODs screenings, we can see that the opioid crisis has not gone away at all during Covid. We're proud that MAT programming has continued throughout the pandemic despite many hurdles and changes in logistics.

### 2. Barriers and solutions

- a. **Chelsea Blackburn (Monroe):** We were doing well receiving RODs at booking, but it wasn't 100%, there were missing RODs, so we changed our methods. Our night duty Sergeant sends all the RODs from the previous day to Chelsea, so she receives them daily. We're now at 100% for the past two or three months, even just using paper RODs, thanks to the CO's in the jails. Sergeants are making sure they're completed and sent to Chelsea every day. We are switching to electronic RODs soon, so Chelsea will receive either all the RODs, or just the positive RODs via email.
- b. **Emily Brundage (Victory Clinic, Jackson):** Electronic RODs has created efficiencies; the jail management and Victory Clinic receive positive RODs, so the jail can do a drug screen, COWs, and a physical assessment and send that to Victory Clinic who can then intake the client. We started receiving electronic RODs in January, but there's been a decrease in bookings, so the jail has been sending the positive RODs in bulk form daily. This makes it easier to go through them in one sitting each day.
- c. **Theresa Simmons (Kent):** The Lieutenant uses the RODs more than I do – I look at the positive RODs and know that the positive responses have gone up quite a bit since we started this process. It's important for command staff in the jail to embrace these assessments, so it's great that they're on board. Use of RODs at booking has helped speed up the process of flagging individuals who need to be assessed for OUD, and getting them the medical attention they need.
- d. **Chelsea Blackburn (Monroe):** Agreed, RODs at booking has increased response rate from medical, has helped prevent delays in medical treatment.
- e. **Emily Brundage (Victory Clinic, Jackson):** Agreed, RODs at booking has also helped us respond to people who are being discharged very quickly. When we were using paper RODs, we were seeing 5 day to 2 week gaps between responding to people. Right now we're seeing a 3-5 day to maybe a week on a rare occasion to respond to positive RODs. The gap has improved, but ideally we could bring this down to a one day gap between a positive RODs assessment and responding to that client with further medical treatment.
- f. **Chelsea Blackburn (Monroe):** I agree, I think until we have a doctor available every day, we'll never have a 24 hour turnaround time.

## IV. Naloxone Distribution (*Matt Costello*)

### a. News and Updates

- i. Vending machine distribution with video monitor has received positive feedback – potentially in jails, probation offices – the intent is to reach as many people as possible. The goal is to have the Naloxone training video on a loop in the video monitor in the vending machine and to relieve the burden from Corrections to do this training and dispense this material. Working on collecting sizing and specification information on vending machine options.

- ii. The Naloxone distribution survey gave us some ideas of sites that may be interested in vending machines or other options like making literature available.

**b. Exploration and Preparation**

- i. Work with CBHJ survey results to engage counties willing to expand naloxone availability