



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

MOP/MDHHS/MHEF Opioid Treatment Ecosystem meeting notes  
January 15, 2021  
11:00 – 12:30

I. Welcome/Introductions

**Brad Ray (CHBJ Director):** Yesterday, Health and Human Services effectively tried to enact the X waiver – this means that physicians who have 30 or less patients for Buprenorphine no longer need to do the training to prescribe Buprenorphine. So that is positive, but there is still room to grow, since PA's and Nurses are not included here. Also important to remember that policy can be great, but implementation can still have barriers. Also, lots of things changed for prescription of Buprenorphine during Covid-19, mainly remote prescribing of Buprenorphine being allowed. Unfortunately, the numbers show that this did not increase dispensation of Buprenorphine.

The good news is that when doctors do begin prescribing Buprenorphine, they are very likely to continue to prescribe it. The success of the medication increases doctor's confidence to prescribe it. We have also heard consistently from law enforcement partners a concern about growing Methamphetamine use. A clinical trial was released this week using Naltrexone and another medication to see effective changes in Methamphetamine use. It's still very early, but there are steps moving towards medication for individuals with Methamphetamine dependency.

Recent studies have shown that safe consumption sites have reduced crime and overdose. Today we'll be talking about continuity of care post-release. We focus on peer-recovery coaches for continuity of care post-release, and we just got the results from a multi-year study that showed that peer recovery coaches were successful in a lot of ways. We learned that peer recovery coaches have very little training or knowledge on harm reduction, so we're creating training to fill that gap. They also need training on pharmacotherapy (MOUD), and sometimes peer recovery coaches can see the way that they have had success as the only way to have success, so informing them about MOUD as a viable option is something we're working on. We are continuing to work on research on peer recovery coach work.

We know that sometimes the trainings we do with law enforcement around harm reduction and SUD, Naloxone, syringe services programs can improve knowledge, but it is difficult to alter attitudes. Recently we developed a partnership with Leo Beletsky and his program called SHIELD, where an officer does the training and a peer steps in as well. The training is more about law enforcement safety more than harm reduction, and they've been very well received and successful. We don't have funding to do this in Michigan currently, but please follow up if you're interested.

## II. MAT/MOUD in Jail (Matt Costello)

### a. Exploration and Preparation

#### i. News and Updates

1. Becca Newman has been working on a Lunch n Learn event on Buprenorphine on February 17<sup>th</sup> with Dr. Kapenga
2. The CBHJ team is also in the beginning stages of planning the next OTE summit in the fall, getting our local change teams feeding back into a larger community of practice where we can look at the work that has gone on throughout the state. Looking to create some summations of the work that has gone on and look at the many interdependent steps it takes to implement this work.
3. We plan to continue to have our counties present individual local data in this monthly meeting, and then bring those communities together on a roundtable to discuss a common subject. Today's subject is Sustainability.

#### ii. New county introductions:

1. **Genesee County:** Interested in moving forward with MOUD programming in a cautious fashion as this is new programming for them
2. **Kalamazoo County:** Discussing some of these possibilities internally, already has some strong programming going on already, and we should be hearing from them soon about possibilities for expanding their programming.

#### iii. Jackson County (Rahni Cason & Emily Brundage)

1. **Local data presentation:** See powerpoint for data in detail
2. **Barriers/successes:**
  - a. Numbers are low from the RODs, but they are being collected digitally starting this week so that should increase the collections
  - b. Telehealth Behavioral health services have begun in one of the jails
  - c. We've started tracking insurance (no data to report yet)
  - d. One diversion took place, staff found out via word of mouth saying that he was distributing the film after he left the medical area. Attentiveness by staff found the issue.
  - e. Naloxone distribution happens at release. There are laminated posters from the CBHJ up in the jails with referral information and information about asking for Naloxone when people are being released.

#### iv. Kent County (Theresa & Becca Newman)

1. **Local data presentation:** See powerpoint for data in detail
2. **Barriers/successes:**
  - a. Counts continue to be consistent. Electronic RODs have been implemented. There have been some admin changes, so some screenings fell through the cracks this month.
  - b. Insurance is going well, no Medicaid reactivations, everyone coming in has had their Medicaid stay active
  - c. Theresa is not currently allowed to meet with clients in the pods within the jail, it's all via telehealth currently

- d. A deputy takes any paperwork that needs to be signed into the jail and then brings it back; this is running smoothly

**v. Monroe County (Adam Anastoff & Nicole Hamameh)**

**1. Local data presentation:** See powerpoint for data in detail

**2. Barriers/successes:**

- a. MAT program in the jail has picked up quite a bit. The discrepancy between screenings and bookings shown in the data has been resolved so we've reached 100% screenings
- b. It's hard to quantify how this program has contributed to better behavior in the jail – this work is paying off, the people participating are thankful and are relieved to have care when they leave the jail
- c. There was an issue of someone being released from the jail and not being re-activated in Medicaid quick enough, especially if they're being released on a Friday and had to go the whole weekend without services. So our Sherriff worked with DHHS to make sure they have all of the bookings and releases within the last 24 hours so that the releases simply have to make one phone to DHHS call post-release to be reactivated.
- d. The Sherriff is working on putting in a kiosk in the jail so that people can reactivate their Medicaid services in the lobby of the jail before they leave.
- e. No participants in psychosocial services so far. It's been on the radar, especially with the virtual appointments via tablets, but it's a lot to manage between tablets and polycom appointments with courts, etc. Passions of Mind, SUD treatment provider, is on board to take referrals for psychosocial services.
- f. Passions of Mind has full access to the jail as they always have due to the support from the Sherriff of this work
- g. Peer Support Specialist/Peer Recovery Coaches to help transition into the community post-release is handled by the jail, currently going very smoothly. Didn't happen overnight, but we've overcome a lot of barriers. Meetings happening in the jail and post-release to avoid hiccups in making connections post-release.

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

**1. Local data presentation:** See powerpoint for data in detail

**2. Barriers/successes:**

- a. Visit this month with Matt and Bob Butkiewicz
- b. We are still struggling to get to 100% of screenings. We realized there is no screening happening at a book and release station, so we know why we're missing some bookings. We have placed an ipad at that station so those screens will be captured going forward.
- c. Reviewing those screens each morning with the Lieutenant so that he can communicate with staff about how to move forward, providing coaching to staff. As the agency progresses taking over jail medical, we will experience a lot of change, so that this process will not be separate from

jail medical soon. Soon a medical assistant will be present for the RODs screen and subsequent medical screen. We anticipate a lot of changes in mid-March.

- d. Still moving forward with introducing all forms of MOUD induction as this jail medical takeover unfolds. The PA who is supporting our MAT process in the jail currently will also be providing primary care in the jail up to 8 hours a week.
- e. We are going to address Medicaid reactivation as a result of what is happening in Monroe
- f. Staff who do discharge planning routinely work with the DHHS worker internally, so insurance tracking has been happening through that dialogue and process.
- g. We have strengthened our relationship with Red Project, so now every person who has a positive RODs screening will have a Naloxone Kit upon release, and Red Project replenishes whenever Muskegon runs out

#### **b. Roundtable Discussion: Sustainability Post-Grant**

- i. **Adam Anastoff (Monroe):** We are able to piggyback on our jail diversion efforts on the behavioral health side. The clinician and peer support position in the jail is not as difficult a task in terms of sustainability because the community and Agency sees the benefit of sustainability there. SUD assessment dollars are being used by the clinician in the jail for that purpose. Peer support is sustained through the behavioral health side of things. The SUD treatment provider within the jail is more expensive, and that funding would have to come through further grants, county funding, or Sherriff funding. Our Sherriff is on board but that's where Monroe is so far.
- ii. **Emily Brudage (Jackson):** Jackson has talked a bit about it, meetings are being set up to continue planning.
- iii. **Heather Wiegand (Muskegon):** There's been a pause on this because as we transition our jail medical logistics a lot of things are going to change, but we are secure in knowing we will retain our staff and current interventions. Our biggest issue in our sustainability plan is how we're going to pay for medication, particularly expensive injectable medication.
- iv. **Matt Costello (CHBJ):** If we look at the lift of this work being shared among stakeholders, is there a way to secure resources across different funding streams?
- v. **Heather Wiegand (Muskegon):** It is a heavy lift when you bring a request to the Board of Commissioners, but we need to build the packaging and the awareness of the materials. Similar attitude barriers as when we approach law enforcement about MOUD.
- vi. **Brad Ray (CHBJ):** We are interested in presenting to these County bodies to work on addressing attitude and stigma as we address all of these issues.
- vii. **Adam Anastasoff (Monroe):** The CBHJ has spoken to our Board of Commissioners and it has been very helpful.

- viii. **Matt Costello (CBHJ):** Discussions on sustainability are just beginning in Kent County according to Nikole Skipp, so this process has only just begun.

**c. Naloxone Distribution Updates from Survey Results (Nicole Hamameh)**

- i. **See powerpoint for detailed information**
- ii. A survey was sent to some of the Sheriffs and jails that the CBHJ works with to better understand Naloxone distribution efforts, willingness to expand or implement new programs
  - 1. 70% of jail administrators responded to the survey (17 counties)
  - 2. 8 counties already have a Naloxone distribution program (mostly OTE counties)
  - 3. 9 currently do not provide Naloxone
- iii. Barriers to Implementation / Expansion of Naloxone Distribution Programs
  - 1. Limited administration time to manage the program, limited staff to physically distribute, liability concerns, inadequate supplies of Naloxone, limited storage space, worried that Naloxone will encourage drug use
- iv. Resources needed for expansion/implementation
  - 1. Staffing, Supplies, Financial Assistance, Technical Assistance and training, Absolution from Liability
- v. The CBHJ will put together a toolkit for counties to refer to for implementation and expansion of these programs, and information for counties to reach out to the CBHJ to provide support in pursuit of these programs