

Opioid Treatment Ecosystem Community of Practice Summit



















Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice

Event Overview

Presented by Liz Tillander, LMSW

Deputy Director, Center for Behavioral Health and Justice



Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice

Welcoming Remarks

Presented by Terry Gardner

Chief Operating Officer, Michigan Health Endowment Fund



Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice

Overview of Overdose Crisis

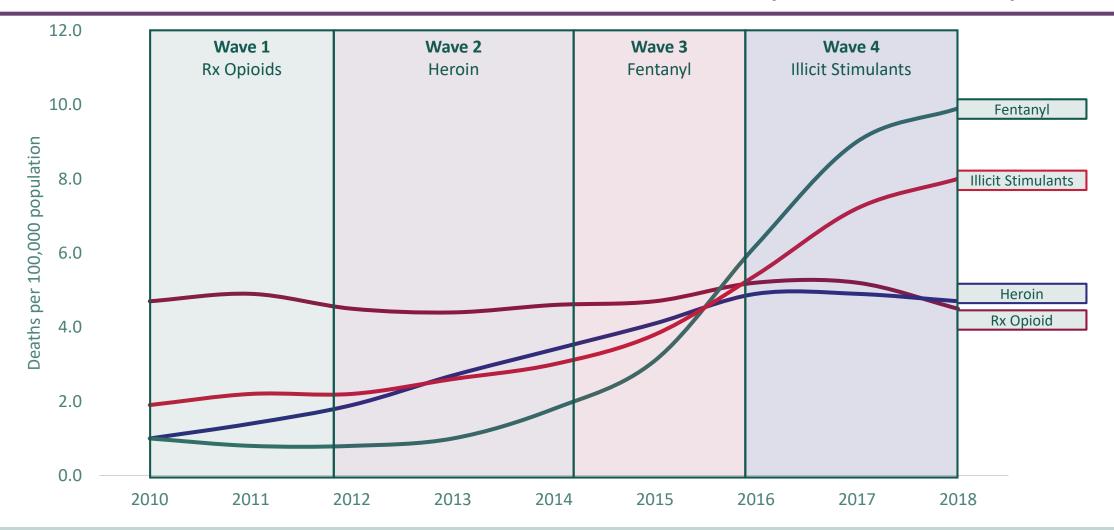
Presented by Brad Ray, PhD

Director, Center for Behavioral Health and Justice





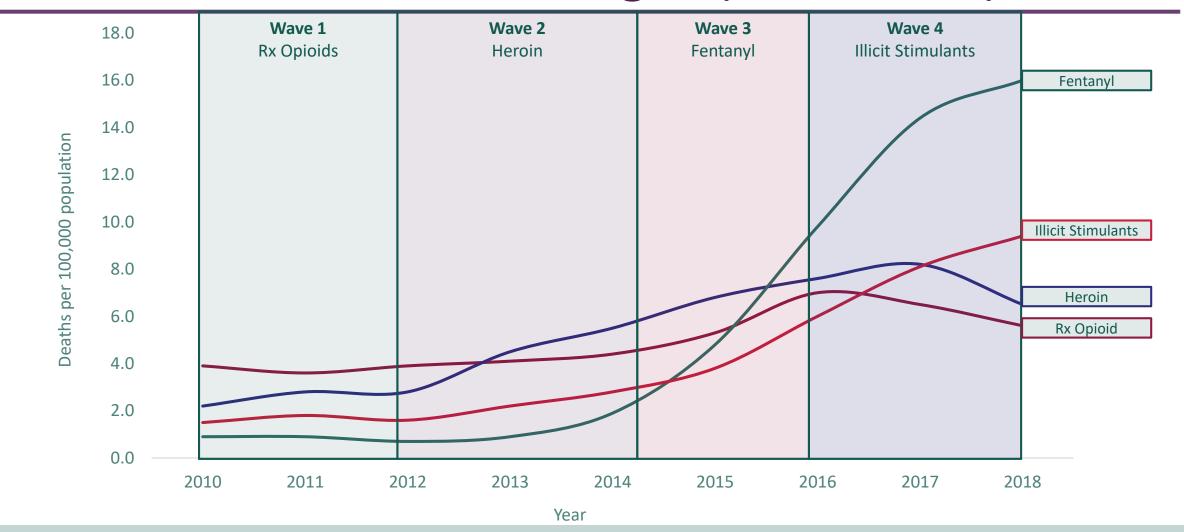
Trends in Overdose in the United States (2010-2018)







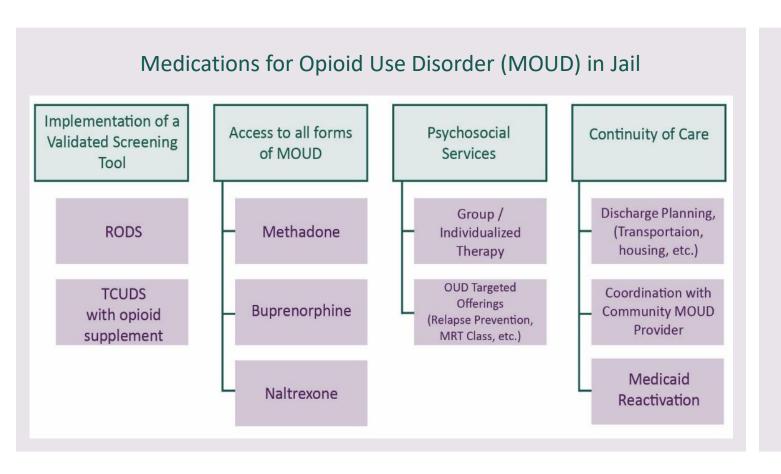
Trends in Overdose in Michigan (2010-2018)







Opioid Treatment Ecosystem (OTE)







Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice



Monroe County

Presented by Troy Goodnough, MPA Major of Jail Operations Monroe County Sheriff's Office





County Overview



County Population 150,500 (2019)



Metropolitan Area

Bordering Counties: Washtenaw, Wayne, Lenawee; Northern Ohio (Toledo, OH)



Jail Capacity 363



Who Receives Screening Tool?
RODS is universally
administered upon booking



Screening Tools Used in Jail RODS & K6



Previous CBHJ InitiativesJail Diversion, Stepping Up, MI-REP



Prevalence

20% Positive RODS response rate

Current OTE Initiatives



Medications for Opioid Use Disorder (MOUD) in Jail



Post-Overdose Response Model



Continuity of Care: Pre-Release > Post-Release





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



Community Collaboration

- Monroe Community Mental Health Authority (MCMHA)
- Monroe County First Responders



Existing Model

Law Enforcement Mental Health Crisis Referrals



Expanded Model

6 people referred to MCMHA after OD reversal









Community Collaboration

- Monroe County Jail / Monroe County Sheriff's Office
- Passion of Minds Healing Center
- Monroe Community Mental Health Authority



MOUD Linkage

Identification > Linkage >
Service Coordination > Continuity of Care



Therapeutic Supports for Individuals Receiving MOUD

- MCMHA: Service Screening; Case Management;
 Peer Services, Psychiatric/Medication Management;
 Moral Recognition Therapy (MRT); MISSION CJ
 Services (Dual Recovery & Peer Support)
- Community Corrections: Dialectical Behavioral Therapy (DBT); Cognitive Behavioral Therapy (CBT)
- Utilizing Telehealth Services During Covid-19

Which medications are available?



Naltrexone



Buprenorphine



Methadone





Continuity of Care



Community Collaboration

- Monroe County Jail / Monroe County Sheriff's Office
- Parole/Probation Department
- Passion of Minds Healing Center
- Monroe Community Mental Health Authority



Treatment / Discharge Planning

- Identification > Linkage > Service Coordination > Continuity of Care
- Support services initiated pre-release; continued postrelease to support symptom stability, therapeutic engagement and expansion of supports and services



Naloxone Kits at Release



Service Linkage Post-Release

- Person centered post-release options; MOUD/MAT services, case management, psychiatric services, peer support, MISSION CJ/MIREP
- Passion of Minds Healing Center:
 MOUD continuation
- MCMHA: Behavioral health services continuation





Implementation Barriers & Success



Barriers to Implementation

- Data sharing concerns among first responder agencies
- DEA licensing, storage of medications
- COVID-19



Implementation Success

- Community Collaboration
- New linkages between first responders and community treatment providers
- First time that Buprenorphine and Methadone will be available in the jail
- Memorandum of Understanding (April 2020)
- Naloxone at release from jail





Future Plans





Community Collaborations

To support expansion of OUD and Mental Health treatment ecosystems



Sustainability

- Data collection & evaluation to determine community need and program efficacy
- Community partnerships
- Education and outreach



Expanding Service Accessibility

- Earlier identification of OUD (Community-Based)
- Earlier intervention & linkage / medication continuity (Pre-Release)
- Increased service options (Pre-Release)
- Improved service coordination (Pre- and Post- Release)



Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice



Kent County

Presented by Nikole Skipp, LMSW

MI-REP/OTE Supervisor

Family Outreach Center / Kent County Correctional Facility





County Overview



County Population

656,955



Urban County



Previous CBHJ Initiatives

Jail Diversion, MIREP II



Current OTE Initiatives

Medications for OUD in jail



Continuity of care post-release



PROACT



Jail Capacity 1478



Who Receives Screening Tool?

RODS are completed at booking by jail nurse



Screening Tools Used in Jail

RODS, Internal O-alerts



Prevalence

Based on O-alerts: the average # of people with OUD in the jail is 60-70

- Most were actively using opioids in community and not receiving medication
- Average # of people continuing medication from community is 17-20





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



Community Collaboration

- Kent's EMS agencies
- Kent County police departments
- The Red Project



Existing Model

- Crisis psychiatric center utilized by first responders to divert individuals in need of general behavioral health issues
- Red Project already connects with some people in the community following non-fatal overdose



Expanded Model



- Building stronger partnerships
- Better mechanisms to connect people to appropriate community treatment following naloxone administration



- First responder scans a QR code on a Red Project business card, indicating use of naloxone for overdose reversal
- The individual signs release of information if they want in-person follow-up within 1-2 days
- The Red Project follows up with the individual or their family members to train them on OD reversal medication and to offer harm reduction and recovery support







Community Collaboration

- Family Outreach Center: Case Manager for in-reach
- Red Project: Peer Support providing outreach

Medications for OUD



Formulary psychiatric medications



Buprenorphine



Methadone



Available Treatment Options

- Sober Living Unit
- MI-REP Program
- OTE
- AA/NA groups
- MOUD
- No changes yet due to COVID-19 impacts on staffing. In the future, OTE will allow another service for inmates with opioid use disorder.







Eligibility Criteria to Receive Medication for OUD

- Planning to offer medications to all inmates with opioid use disorder
- Efforts have been limited by COVID-19 situation



How many People have received MOUD since OTE implementation?







Continuity of Care



Community Collaboration

- Family Outreach Center
- The Red Project
- Network 180

- Corizon Health
- Kent County Correctional Facility
- Community MOUD Providers (Cherry Health, NuPoint, WMi Treatment)



Enhanced Discharge Planning

- More thorough case coordination with communitybased treatment provider and courts
- Screening and appointment scheduling pre-release
- Support of recovery coach to build rapport prior to release.



Connection to Community- Based Providers

- Pre-release: case manager
- Post-release: recovery coach, available for 6 12 months after release





Continuity of Care



Planning for Unexpected Releases

- Monitoring court dates and continued communication with community partners
- Beginning discharge plans early



Naloxone Kits at Release

- All MI-REP clients currently receive naloxone kits prior to their release from KCCF
- OTE clients will also begin receiving kits soon





Implementation Barriers & Success



Implementation Barriers

Impact of COVID-19



Implementation Success

- Fewer inmates going through withdrawal while at KCCF
- Inmates are more motivated to continue their MOUD upon release
- Building relationships with community supports like the recovery coach, to reduce relapse after release
- Good relationship with community partners
- Innovative linkage with community EMS and Red Project through QR coded cards at Overdose reversal





Future Plans



What's Next for Kent County?

- Uncertain times right now
- Assess the feasibility of new inductions in the jail at the end of 2020
- Connect people to treatment through PRO-ACT initiative to divert from criminal/legal system



Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice



Muskegon County

Presented by Heather L. Wiegand, LPC

Clinical Services Manager, HealthWest

Muskegon Community Mental Health





County Overview

County Population



173,588 (2016)



Geographic span of 1,459 square miles inclusive of urban, suburban and rural communities

Current OTE Initiatives



Medications for OUD in Jail



Continuity of Care post-release



Previous CBHJ Initiatives

Stepping Up, Jail Diversion, MIREP



Jail Capacity

The Muskegon County Jail has a rated capacity is 542 with 616 maximum capacity



Screening Tools Used in Jail

HealthWest / Jail Personnel administer RODS & K6 in the jail

- Community Health Worker and/or Supports
 Coordinator Assistant
- Booking Officer



Who Receives Screening Tool?

All Inmates







Community Collaboration

Muskegon County Sheriff's Office / Jail

Conducts screening at booking

WellPath / Jail Medical

COWS Protocol/Withdrawal Observation/MAT notification

HealthWest

- Screening and clinical assessment
- Individual and group therapy
- Crisis intervention
- Community health connections
- Daily dosing of medications
- Care coordination and discharge planning

Family Outreach Center

- In-jail treatment
- Care coordination

Public Defender's Holistic Defense Social Worker

- Care coordination
- Referrals





Available Medications for OUD



Methadone



Suboxone



Naltrexone



Funding for MOUD

SOR funds, SEMCF grant, OTE funding from MOP

Number of People Enrolled in MOUD

13





Eligibility Criteria to Receive MOUD in the Jail

- Inmates placed in high security may be required to titrate away from MAT while in custody
- Priority to maintain medications for those with an existing prescription from community
 - Final approval from physician
 - Considering new inductions for buprenorphine
 - Exclusion: those who identify as Methadone patients not enrolled with Cherry Health





Implementation Success

- Understanding what is possible
- Naltrexone, methadone, and buprenorphine are all available to treat OUD
- Creative opportunities with technology for service delivery
- Increased level of quality of care







Continuity of Care



Community Collaboration

- Muskegon County Jail
- HealthWest
- Cherry Health
- Family Outreach Center
- Wellpath
- Public Defender Office



Naloxone Kits at Release

- Placed in personal property of inmates
- Developing eligibility criteria



Unexpected Releases

Holds are noted in the jail management system Meeting with clinical team before release



Enhanced Discharge Planning

- Discharge starts at first engagement
- Securing a commitment from the inmate to engage
- Verification of provider and services
- Follow up engagements with inmate to secure plan
- Scheduling post release appointments with providers including PCP

- Follow up with consumer & provider
- Safety Plan for those that do not engage in scheduled appointment
- Effective hand off
- Documentation changes
- Expanding partnerships





Continuity of Care



Follow-Along Services After Jail Release

Community Health Worker and Supports Coordinator Assistant maintain case coordination until firm transition to community providers occurs.



Implementation Success

- Learning opportunities
- Better understanding the resources in the community and process for handoff
- Ensuring the connection back to HealthWest
- A smooth, fluid process to return to community-based treatment following jail release





Future Plans



Sustainability

- Need to secure funding to sustain MOUD in the jail beyond grant period
- Advocating for Medicaid to support the medications



Continued Expansion of the Treatment Ecosystem

- Continue to engage providers in the community to build awareness and partnership
- Continue to build programming with Muskegon County Diversion Council and in-jail treatment team



Non-Fatal Overdoses

- Building resources to have knowledge of non-fatal overdoses.
- Conducting swift outreach to patients who have survived an overdose.



New Inductions for MOUD

- Considering new inductions for buprenorphine
 - Physician will help to develop the plan
 - Patient must be committed to engage in care
 - A community based provider must be committed to continue to treat post-release



Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice



Jackson County

Presented by Michael Coburn
Lieutenant, Jackson County Sherriff's Office





County Overview



County Population 160,000



Urban County



Previous CBHJ Initiatives

Stepping Up, Jail Diversion, MIREP



Current OTE Initiatives

Medications for OUD in Jail



Continuity of Care post-release



Naloxone distribution



Jail Capacity

Main Jail Downtown: 187

Chanter Rd. Jail: 257



Screening Tool Used in Jail

RODS



Who Receives Screening Tool?

All new arrests who are not immediately bonding out



Prevalence

13% of all individuals booking into the jail screen positive for opioid use disorder







Community Collaboration

- Jail Medical: Advanced Correctional Healthcare
- CMH: LifeWays
- Community MAT Provider: Victory Clinic Services



Prior Treatment Options

- Prior to OTE very minimal treatment options for people with OUD
- AA/NA and access to naltrexone was available upon request



Expanded Treatment for OUD in the Jail



- Continuation of all three forms of MOUD for individuals with an active prescription in the community
- Those who choose to continue their medication will also soon be provided with access to OUD targeted individual/group sessions
- Expanded discharge planning services



Plan to incorporate these same services for new inductions





Available Medications for OUD



Methadone



Buprenorphine



Naltrexone



Eligibility Criteria for MOUD

Currently, only individuals with an active community prescription for MOUD are eligible



Funding for MOUD

At this time, all medications are provided via grant funds

How many people have received MOUD since OTE implementation?

13 people







Implementation Success

- Cooperation between all moving parts Corrections, CMH, Jail Medical and Community Provider
- Incorporation of a validated screening tool
- Access to all three forms of MOUD









Involved Agencies

- Jackson County Jails
- CMH: LifeWays
- Community MAT Provider: Victory Clinic Services



Enhanced Discharge Planning

Collaboration between LifeWays and Victory Clinical Services provide the following discharge planning services for individuals with OUD:

- Case Coordination
- Medicaid Reactivation
- Planning for continued dosing upon release
- Collaboration with outpatient treatment facilities when necessary
- Naloxone Training (forthcoming)
- Peer Recovery Coach to aid in connection to community provider upon jail release







Connection to Community Providers

Provided by Victory Clinical Services, jail-based clinician.



Naloxone Distribution

All individuals who receive MOUD in the jail receive Naloxone upon release



Unexpected Releases

For individuals involved with CMH or Victory Clinical Services, officers make efforts to notify of the unexpected release as soon as possible



A Surprising Outcome

VCS has shared that many of their clients have expressed a willingness to turn themselves in for outstanding warrants with the new knowledge that they will be able to continue MOUD





Future Plans





What's next for Jackson County?

Incorporating telehealth access to begin evaluation for new inductions amid COVID-19



Ecosystem Expansion

- Distributing Naloxone to not only those who receive jail-based MOUD but also to anyone who screens positive for OUD
- Partnering with recovery housing developments to enhance continuity of care upon release



Community-Based Response to Non-Fatal Overdoses

The CBHJ has initiated communication with local EMS leadership regarding the possibility of evaluating response to non-fatal overdoses and corresponding connection to services



Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice



Washtenaw County

Presented by:

Renee Wilson

Director of Community Corrections/Correctional Services

Lisa Gentz

Program Administrator – Millage Initiatives, Jail Mental Health Services and Mental Health Court Washtenaw Community Mental Health





County Overview



County Population

367,000 People, 722 sq. miles



Jail Capacity 404 Beds



Urban County



Previous CBHJ Initiatives

Jail Diversion, Stepping Up



Screening Tools Used in Jail

TCUDS, GAINS





Medications for OUD in jail



Continuity of care post-release



Prevalence

40% of individuals in Washtenaw County Jail are known to have opioid use disorder







Community Collaboration

- Washtenaw County Sheriff's Office
- Community Mental Health
- Wellpath
- Dawn Farm
- Home of New Vision
- Packard Health Clinic

Available Medications for OUD



Naltrexone



Naloxone



Methadone and Buprenorphine (forthcoming)



Available Treatment for OUD

- In Jail Substance Use Treatment Programs
- Naltrexone
- Naloxone Kits
- Expanding to methadone and buprenorphine in 2020



Eligibility Criteria to Receive MOUD

Everyone is eligible if they meet OUD criteria



MOUD Program Participants

100-150 people received treatment prior to OTE



Funding for Medication

- Free Samples (Community Mental Health)
- Washtenaw County Sheriff's Office







Behavioral Health Services

- Community Mental Health Partnership
 - Psychiatric clinic, medications, on site mental health professional services, diversion, discharge planning
- Dawn Farm Partnership
 - Assessments, multi-level care SUD programming, discharge planning
- Home of New Vision Partnership
 - Assessments, peer support, discharge planning



Expanded Treatment Options

Will be expanding SUD programming when full MOUD program is operational



Implementation Success

- MOUD is supported by Sheriff
- Partnership with Community Mental Health

- Partnership with Packard Health Clinic
- Discharge planning with reentry team







Enhanced Discharge Planning

Begins as soon as the individual consents to receive the medication.

- Connection to community provider for follow-up care
- Peer connection
- Review of potential barriers to follow-up care



Connection to Community Providers

- Connection with point person at FQHC
- Forensic peer support



Naloxone Distribution

Naloxone kits are placed into individual's property bag at release



Unexpected Releases

- Minimal efforts to coordinate services for unexpected releases
- Opportunity for growth in expanding ecosystem







Community Collaboration

- MOUD providers
- Our communities core SUD providers
- CMH
- Packard Health, our FQHC



Follow Along Services

- Connection to CARES team at CMH
- Peer supports follow individuals until properly engaged with Packard Health



Implementation Success

- Increased collaboration between community providers
- Decrease in return to jail in first 90 days
- Packard Health Clinic partnership
- CMH partnership in jail
- SUD services/support Dawn Farm and Home of New Vision





Future Plans





What's Next for Washtenaw County?

- Expanding medications to include methadone and buprenorphine
- SUD jail program redesign to expand recovery models and peer support



Sustainability

Public Safety and Mental Health Millage passed in 2018



Community-Based Response to Non-Fatal Overdoses

Naloxone education, programming, and delivery with Deputies, in Jail, and Community Corrections



Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice



Wayne County

Presented by Darlene D. Owens, MBA, LBSW, CADC, ADS

Director of Substance Use Disorder Initiatives

Detroit Wayne Integrated Health Network (DWIHN)





County Overview



County Population

1,756,264



Urban



Previous CBHJ InitiativesMIREP

Current OTE Initiatives



Medications for OUD in Jail



Continuity of Care post-release



Jail Capacity 2900+



Screening Tools Used in Jail K6, COWS



Who Receives Screening Tool? Everyone who books into the jail



Prevalence

K6 data – 15% of all books reported opioid use (2019)







Community Collaboration

- Wayne County Sheriff's Office / Jail
- Detroit Wayne Integrated Health Network
- Hegira Health, Inc.
- Quality Behavioral Health



Available Treatment for OUD

- MOUD program peer support and provision of all three medications (primarily naltrexone)
- Second program provides all three medications, masters-level therapist for SUD services, and peer recovery coaches



Expansion of the Treatment Ecosystem

- 89 inmates are receiving peer support, MOUD services, and connection to community providers post-release
- Continuation of medications with same provider post-release, with option to switch to another provider within DWIHN's network





Available Medications for OUD









Who pays for medications?

DWIHN reimburses providers for cost of medications



Eligibility Criteria to Receive MOUD in the Jail

Consumer must be an inmate at Dickerson Detention Facility- Division 3, or the downtown Detroit facility-Division 1. Must self-identify as having Opioid Use Disorder.



How many people are receiving MOUD?

- 89 inmates are receiving peer support and/or MOUD services. 27 released are receiving post follow-up and 5 are continuing in MAT services.
- Currently planning for implementation of OTE-related MOUD services







Barriers to Implementation

- Obtaining buy-in from jail administration and the medical staff
- Inmates' willingness to receive naltrexone
- Difficult to continue follow up services with early releases
- Challenges with peer support specialist's referral process
- Limited technology



Implementation Success

- Cross-systems collaboration has led to:
 - Increase referrals to recovery coach
 - Improve identification of MOUD-eligible participants
 - Expansion of referral list
 - Initiation of naltrexone
 - Distribution of naloxone kits at release
- 111 inmates at William Dickerson Detention facility in Hamtramck were served by the jail-based OUD program
 - Peer recovery coach services
 - Medications for Opioid Use Disorder
 - Naloxone training and distribution of kits
 - Post-release follow-up support
- 5 consumers have enrolled in MOUD program







Community Collaboration

- Hegira Health
- Quality Behavioral Health



Enhanced Discharge Planning

- Consumers create a person-centered aftercare plan with the peer support specialist in the jail
 - Development of a recovery plan
 - Selection of an aftercare provider
 - Warm handoff to another provider or an election to continue peer services through the jail-based MOUD provider



Naloxone Kits at Release

All consumers who request a naloxone kit will be trained and given one from the jail-based MOUD program



Follow Along Services Post-Release

Follow along services offered by the jail-based MOUD provider for 90 days post-release



Unexpected Releases

- Begin discharge planning early
- Signed release for all service providers





Future Plans



Expanding Access to MOUD

- DWIHN is encouraging all of its SUD providers to provide MOUD services to expand treatment options and reduce stigma
- Providing naloxone kits at release





Sustainability

- DWIHN will continue to fund this program after current grant funding ends
 - Applied for two grants to sustain these programs
- Provide regular updates to SUD Oversight Policy Board



Response to Non-Fatal Overdoses

- Mobile units to provide follow-up on
- Peer recovery coaches
- Revising strategy in light of COVID-19



Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice

Expanding the Treatment Ecosystem

Presented by Matt Costello, LMSW

Project Manager, Center for Behavioral Health and Justice





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



Establish connections between local EMS/law enforcement and community based treatment providers



Provide information about community based treatment after all overdose reversals





Best Practices for MOUD Programs



Access to **ALL THREE** medications

- methadone, buprenorphine and naltrexone
- existing prescriptions and new inductions



Medication treatment supplemented with behavioral health services



Discharge planning to ensure continuity of care



Naloxone kits upon release



Aggregate and individual data collection and evaluation



Use of telemedicine to support MOUD in jails





Communities of Practice / Change Team Partnerships



Local Change Teams enhance existing partnerships and establish new ones

Community of Practice creates partnerships across the state

Partnerships create visibility and contribute toward viability



Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice

Q&A

Facilitated by Rahni Cason, MA

Project Coordinator, Center for Behavioral Health and Justice



Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice

Closing Remarks

Presented by Sheryl Kubiak, PhD, MSW

Dean and Professor, Wayne State University School of Social Work



Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice

