



MetroHealth
Devoted to Hope, Health, and Humanity

MOUD in the Criminal Justice Setting: Handoff and Transition of Care upon Release

The MetroHealth EXAM team

Dr. Joan Papp/Metro Health, Medical Director, Office of Opioid Safety

Associate Professor, Emergency Medicine
CWRU/MetroHealth Campus

Objectives

Describe

Impact of the opioid epidemic on people who are involved with criminal justice settings

Contrast

The risk of adverse outcomes for an incarcerated person compared to the general population

List

Strategies to address outcomes for patients with OUD during incarceration

List

List strategies to ensure continuity of care after release from incarceration

The Opioid Crisis in the U.S.: *The 4 Waves*

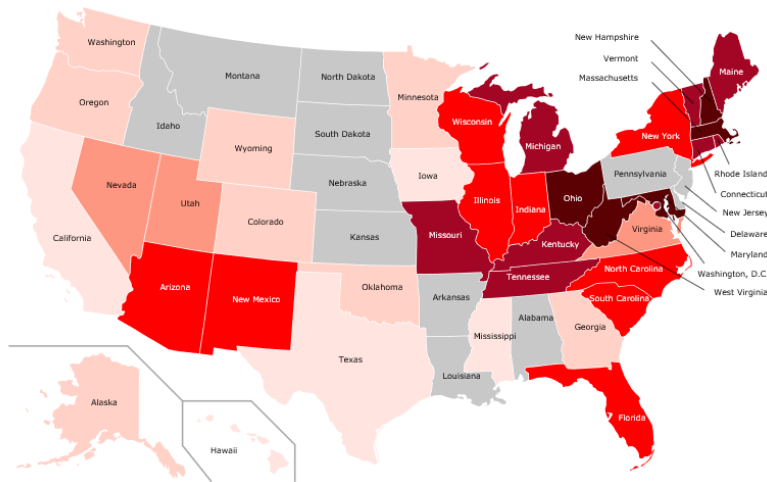


Opioid Summaries by State

Drug overdose data comes from the [CDC WONDER](#) site. Available data is currently from 2018 with 2019 data usually being released in early 2021, at which time, these pages will be updated.

2018 Opioid-Involved Overdose Death Rates (per 100,000 people)¹

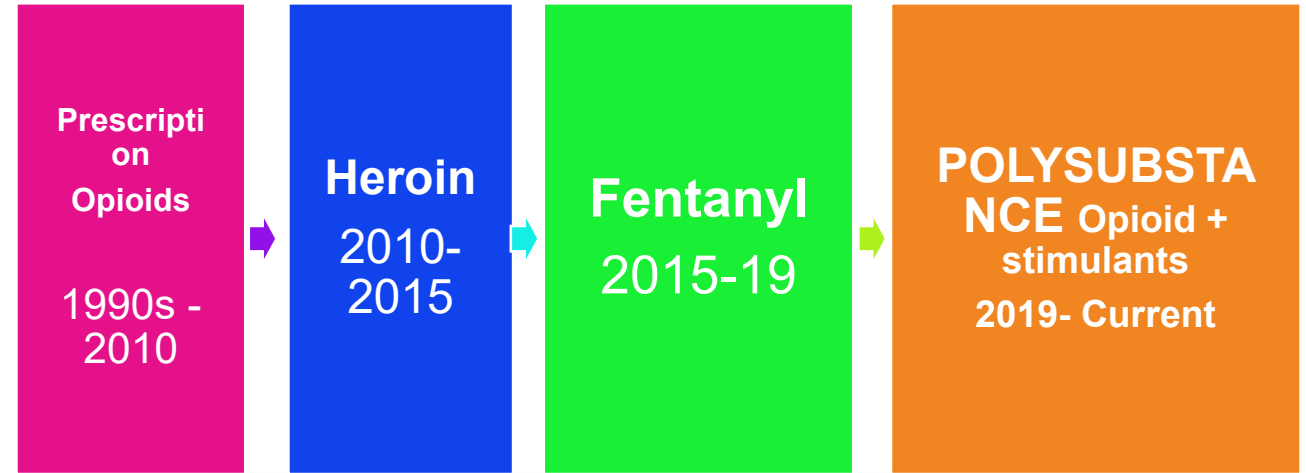
< 6.2 6.3-9.5 9.6-15 15.1-19 19.1-27.7 > 27.8 Not included*



In 2020, Ohio ranked 5th in the nation for overdose deaths with a rate of 47.2 overdose death/100k population

Sources:

1. Centers for Disease Control, Drug Overdose Death Rates by State, interactive web-based dashboard, accessed 9/8/2022
2. 2020 Ohio Drug Overdose Data: General Findings, Ohio Department of Health



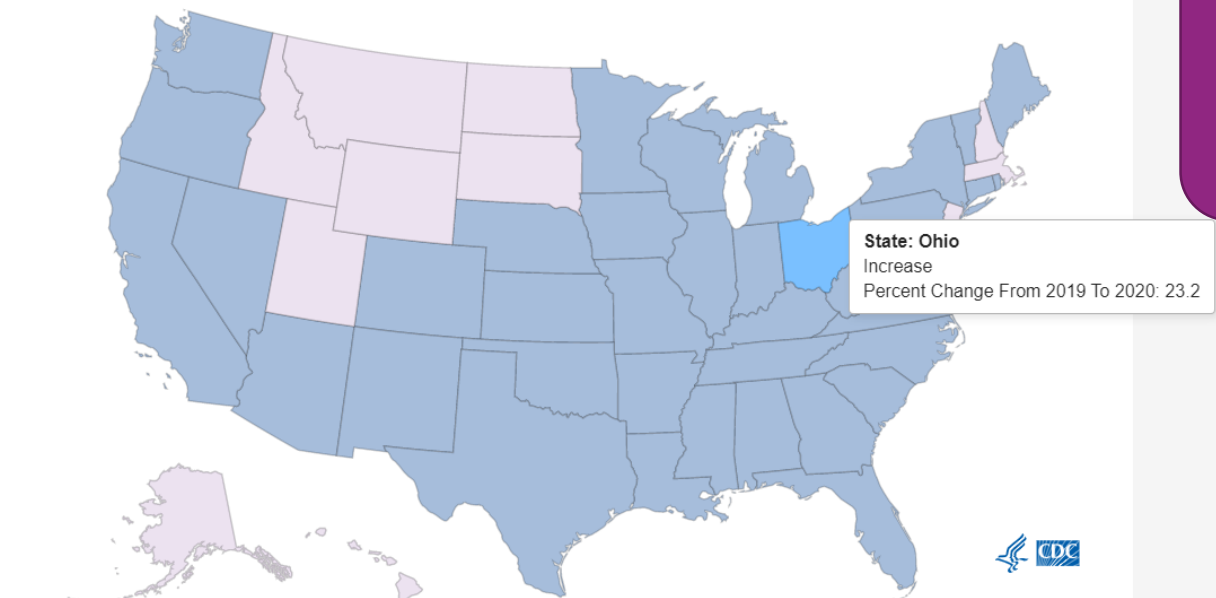
2019- 2020 U.S., Ohio and Cuyahoga County Overdose Fatalities

2019-2020 Drug Overdose Death Rate Percent Change Map

[2018-2019 Rate Increases](#)

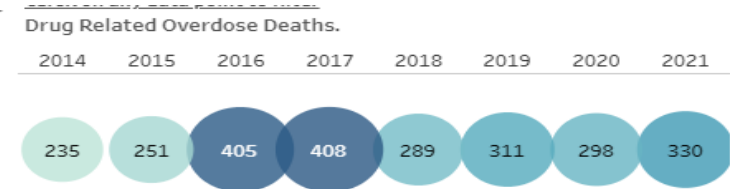
[Back to Drug Overdose Deaths Webpage](#)

Number and Age-adjusted Rates of Drug Overdose Deaths by State, US 2020



Overdose fatalities **INCREASED** by 30% nationally

In Ohio, overdose fatalities **INCREASED** by 23%



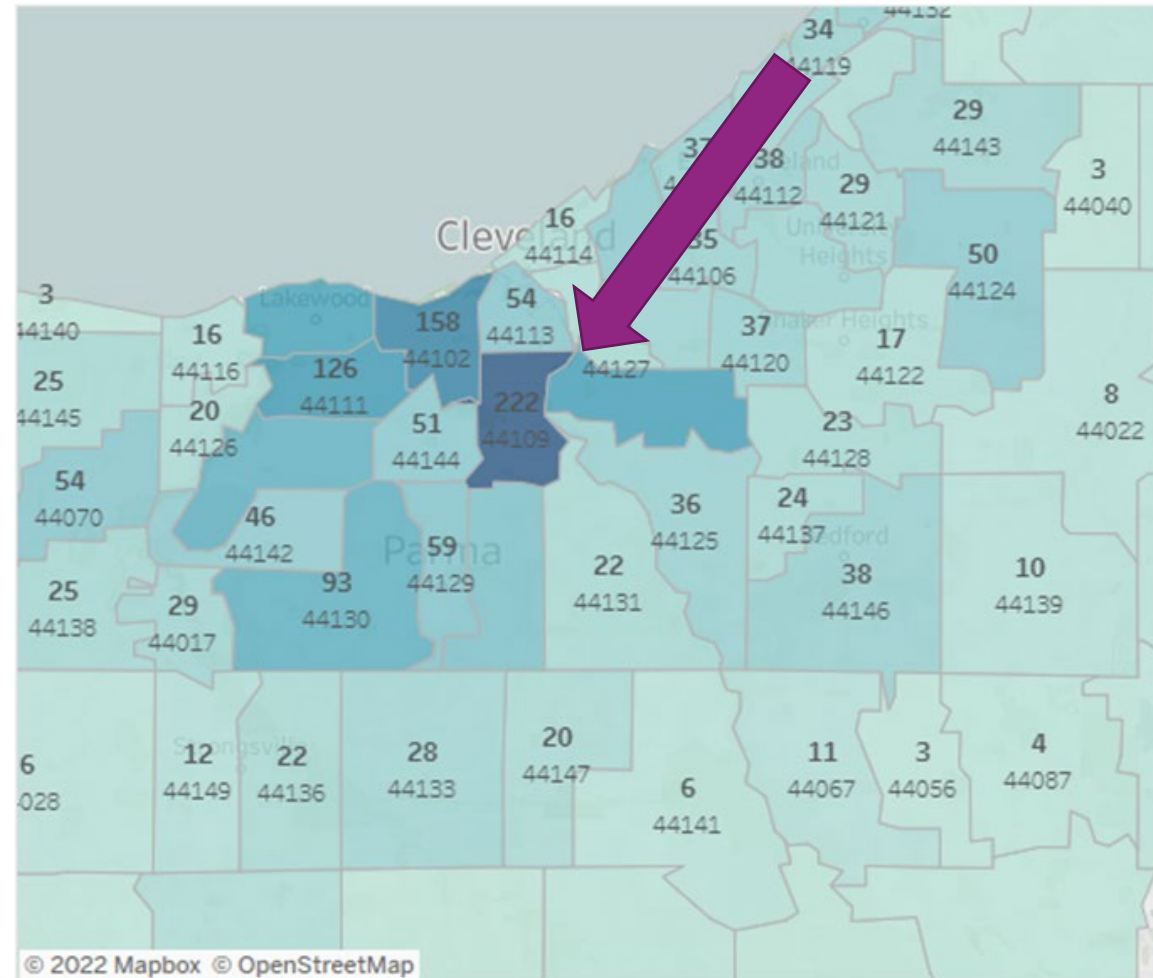
Sources:

- Centers for Disease Control, Drug Overdose Death Rates by State, interactive web-based dashboard, accessed 9/8/2022
- 2020 Ohio Drug Overdose Data: General Findings, Ohio Department of Health
- Cuyahoga County Board of Health, interactive web-based Overdose Data Dashboard, accessed 9/8/2022

How Do We Identify People At- Risk?

- **Geographically** – state, zip code, address
- **Demographics** – age/gender/race/ethnicity
- **Drugs used** – substances/route
- **Personal Risk Factors**- criminal justice history, medical or psych comorbidities, previous overdoses, other drugs used
- **Access to healthcare** - SDOH

CCMEO Drug Related Overdose Deaths by Decedent Residence Zip Code



How Are People Who Use Drugs Affected by the Criminal Justice System ?

77% of people who use heroin are involved with the criminal justice system

19 % of jail inmates report regularly using opioids

30-45 % of inmates report serious withdrawal or inability to control their use

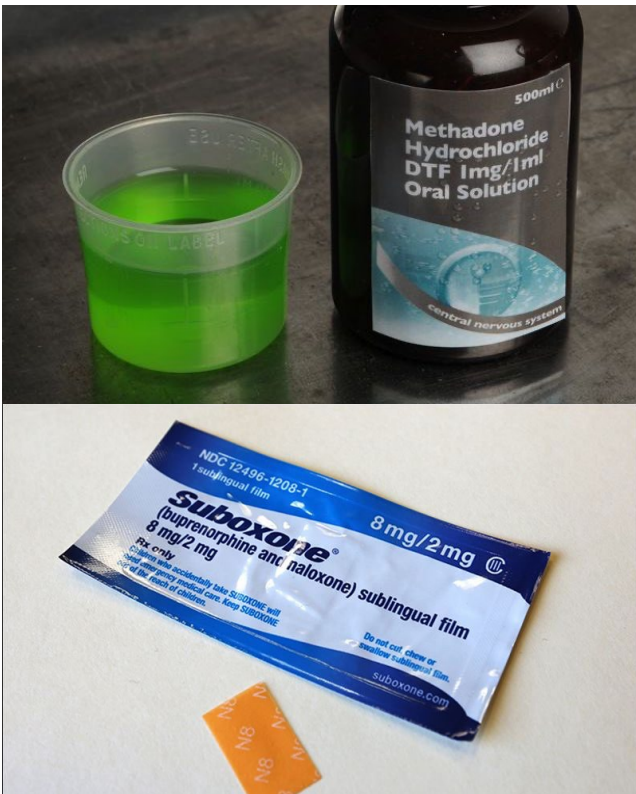
15% Of violent offenders and 40 % convicted of property crimes report committing offense to support drug addiction

What are the health Benefits of Providing Medications for Opioid Use Disorder (MOUD) ?

Buprenorphine, Naltrexone and Methadone

- Decreased mortality
- Decreased transmission of infectious disease (HIV and HepC)
- Increased social functioning
- Increase in engagement in treatment

Untreated OUD leads to devastating health and social consequences which can be reduced with access to medication assisted treatment (MAT) with buprenorphine.



Medication-Assisted Therapies — Tackling the Opioid-Overdose Epidemic, Nora D. Volkow, M.D., Thomas R. Frieden, M.D., M.P.H., Pamela S. Hyde, J.D., and Stephen S. Cha, M.D.

N Engl J Med 2014; 370:2063-2066

[Am J Public Health](#). 2013 May;103(5):917-22. doi: 10.2105/AJPH.2012.301049. Epub 2013 Mar 14. **Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009.**

[Schwartz RP](#)¹, [Gryczynski J](#), [O'Grady KE](#), [Sharfstein JM](#), [Warren G](#), [Olsen Y](#), [Mitchell SG](#), [Jaffe JH](#).

MOUD reduces monthly health care expenditures from **\$223 to \$153** *because patients are less than one half as likely to relapse*



Criminal Justice and MOUD

MOUD SAVES MONEY

Every **\$1 invested in addiction** treatment yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs and theft alone.

When savings related to health care are included, total **savings can exceed costs by a ratio of 12:1.**

Treatment Research Institute, American Society of Addiction Medicine. (2013). FDA Approved Medications for the Treatment of Opiate Dependence: Literature Reviews on Effectiveness and Cost-Effectiveness. Philadelphia, PA: Treatment Research Institute. Available at http://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final.

MOUD is not widely available OUTSIDE the Criminal Justice Setting

- Less than half of substance use disorder programs offer MOUD and of those, only a third of the patients receive it
- Nearly all states report inadequate access to MOUD
- Barriers include DEA licensing (X waiver, insurance coverage, PA) other state requirements, lack of provider training and knowledge of treatments

MOUD Access in the Criminal Justice Setting is Even Worse....

Upon Reentry or Community Corrections



of state and federal prisons in the U.S. referred inmates for methadone maintenance after release in 2009.³²



of state and federal prisons in the U.S. provided referrals for community buprenorphine providers in 2009.³²

Without MAT, there was a **10-40x higher** RISK OF DEATH from overdose within two weeks of release from prison in a 2018 study.²³



of persons with OUDs referred to treatment in 2014 by probation, parole or court authorities received methadone or buprenorphine compared to 41% referred by non-criminal justice sources.⁷⁴

What Are the Risks of Criminal Justice Involvement for People Who Use Drugs?



75% of people with OUD relapse within 3 months

40-50% are rearrested for a new crime within 12 months

40 % increase in mortality following the first 2 weeks of release from incarceration

There will be
institutions.

Judge Orders
MOUD Med
Patients,



BY



A
the t
Hurc
class
MOU
Cent
preli
an in
The
Cour
Eigh
law a
Jeffe
doct

FOR IMMEDIATE RELEASE

Friday, April 1, 2022

U.S. Attorney Rollins Announces Correctional Facilities Statewide to Maintain All Medications for Opioid Use Disorder

BOSTON – The U.S. Attorney’s Office announced today that it has completed a review to ensure that state and county correctional facilities will maintain all medications used to treat Opioid Use Disorder (MOUD) for people already in treatment for Opioid Use Disorder (OUD) prior to entering a carceral facility’s custody, as required by the Americans with Disabilities Act.

As part of its review, the U.S. Attorney’s Office entered into a cooperative agreement with the Worcester County Sheriff’s Office, sent letters of resolution to the Massachusetts Department of Correction as well as the Plymouth, Barnstable, Bristol, Berkshire and Dukes County Sheriff’s Offices. The Essex and Suffolk County Sheriff’s Offices were sent closing letters after their correctional facilities began providing, or secured contracts with medical vendors to provide, all three forms of MOUD.

Additionally, it should be noted that the Franklin County Sheriff’s Office was the first correctional facility in the entire country to provide inmates access to all three FDA-approved forms of MOUD. The Hampden, Hampshire, Middlesex and Norfolk County Sheriff’s Offices were early adopters in providing inmates access to MOUD, doing so even before the U.S. Attorney’s Office began its review. Massachusetts also has one federal correctional facility, FMC Devens, which also provides access to all three forms of MOUD.

The U.S. Attorney’s Office would like to acknowledge the Worcester County Sheriff’s Office collaboration and partnership, marking the first agreement between the Department of Justice and a correctional facility regarding MOUD in the entire country. The Worcester, Plymouth and Dukes County Sherriff’s Offices have implemented plans to provide all three medications before the end of 2022 and, in the meantime, will either transfer inmates to facilities that can provide the needed medications, or will otherwise facilitate maintaining the needed medications. All remaining correctional facilities in Massachusetts now provide access to all three forms of MOUD.

“Medications are a vitally important weapon in battling the opioid crisis, and our carceral facilities are on the front lines in that raging battle,” said United States Attorney Rachael S. Rollins. “We commend the Sheriffs and the Massachusetts Department of Correction for working collaboratively with us. They collectively understood and welcomed the importance of this massive shift in thinking for corrections. I also want to specifically acknowledge the counties of Franklin, Hampden, Hampshire, Middlesex and Norfolk, for their early adoption of this crucial effort in our attempt to reduce opioid-related deaths. Their work, combined with our review and settlement distinguishes Massachusetts as one of the few states in the country in which every correctional facility at the state, local and federal level, is or will soon be, maintaining all forms of MOUD for inmates. This work saves lives. We are very grateful to our law enforcement partners running correctional facilities for their commitment and collaboration regarding providing the best treatment for the people in their custody and care.”

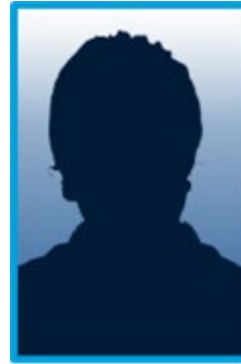
OUD is considered a disability under the ADA, which requires that jails and prisons maintain the

ers and

Criminal Justice MOUD Goals

1. Identify all inmates with OUD
2. Treat withdrawal and initiate treatment during incarceration
3. Ensure treatment is continued after release

Program Components



1. Identify and Assess

Identification and administer level of care assessment to inmates with opioid use disorder (OUD)



2. Initiate treatment

Begin behavioral treatments, harm reduction education/naloxone training and addiction treatment medications



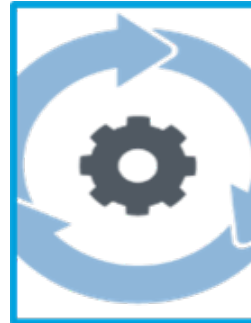
3. Collaborate and Secure

Collaborate with judges and court to secure an alternative to incarceration program pre-trial



4. Warm Hand-Off

Implement "warm hand-off," plan to connect inmate to ongoing care following release.



EXAM Team

CORE Team

- RN – screening at intake, administer meds
- APRNS do medical assessment and order MOUD
- Counselors – conduct LOC and provide behavioral treatment/groups
- Forensic Coordinators

Supporting Team

Probation Officers

Bond Investigators

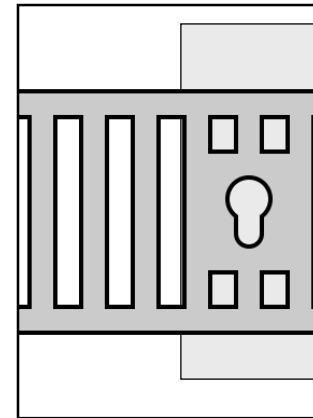
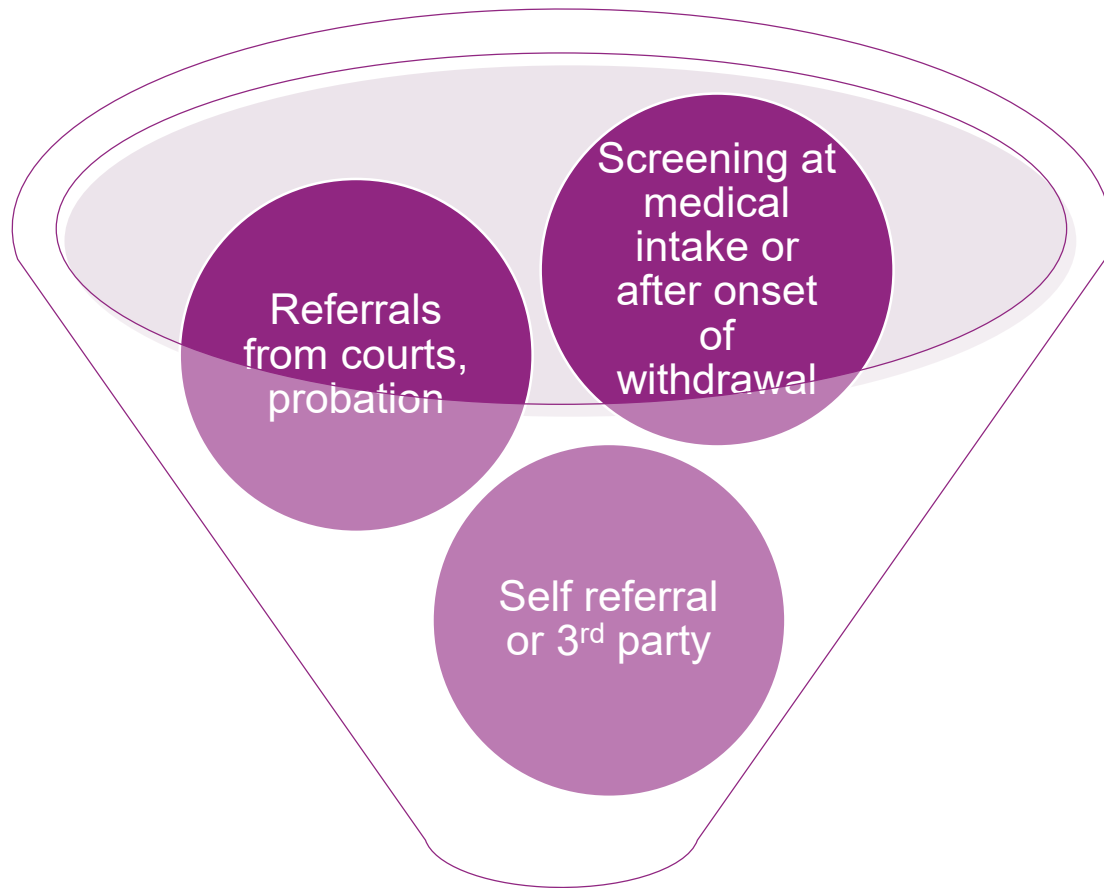
MH Informatics Staff

WRAP (Wellness, Recovery, Assessment, Placement)

TASC Program
(Treatment Alternatives to Street Crime)



1.) Identify and Assess



Identify inmates with SUD

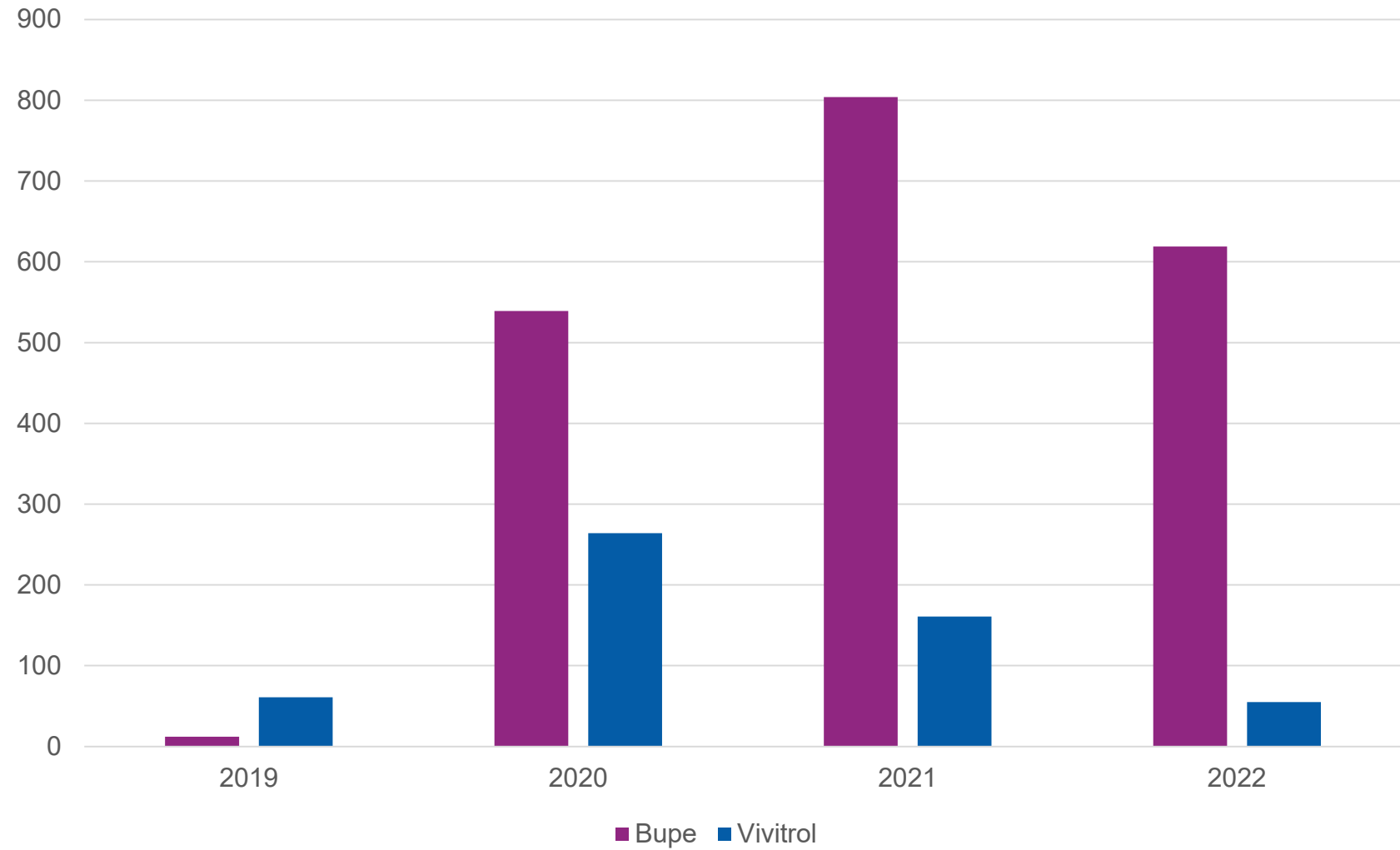


Inmate with OUD identified

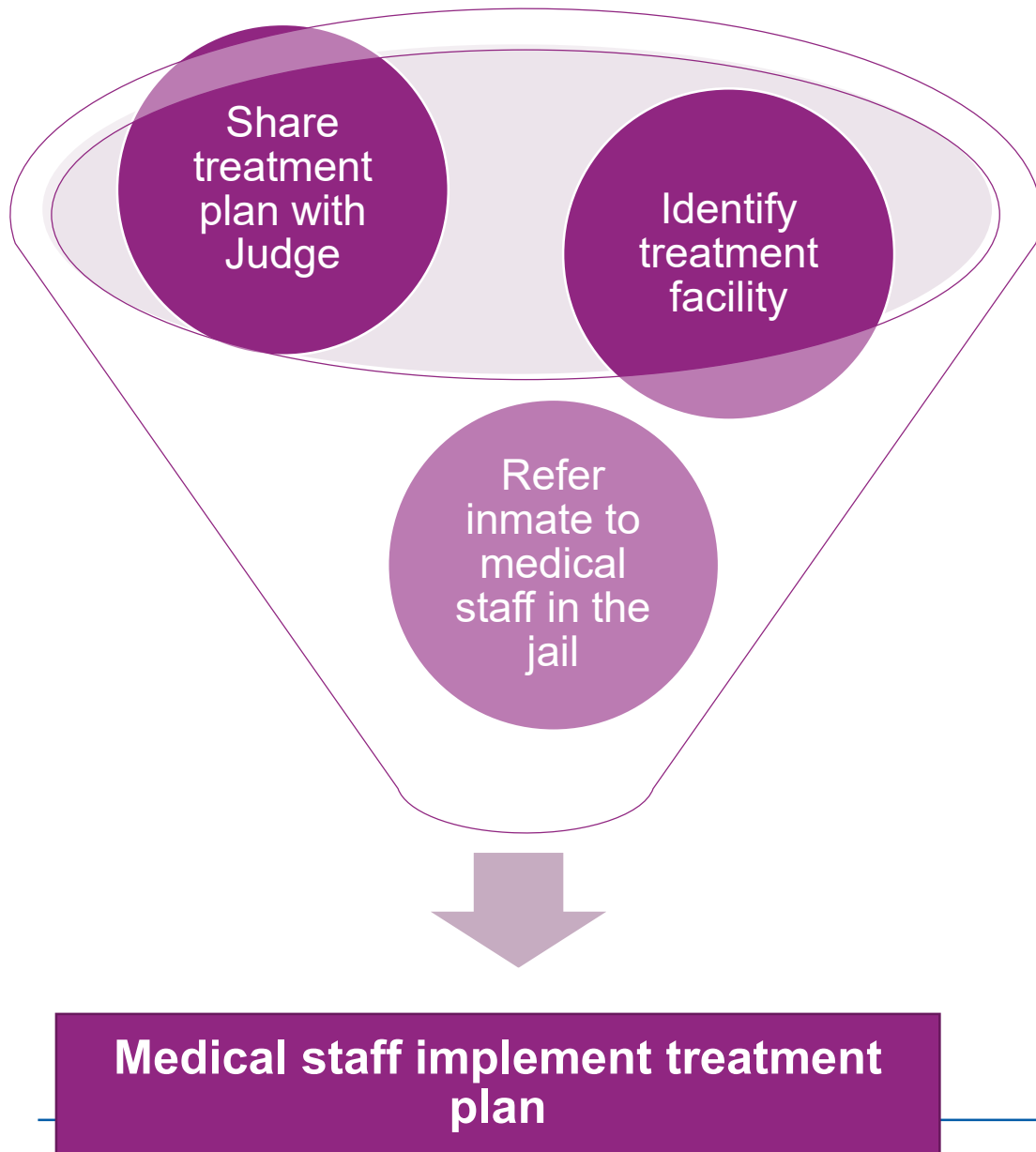


Referral placed for Medical and SUD/MH assessment

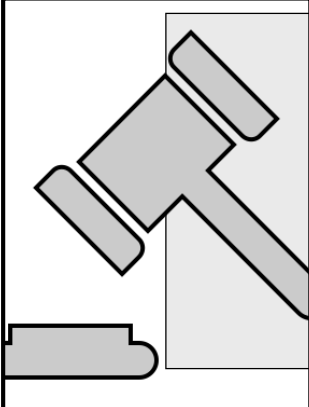
MOUD At Cuyahoga County Corrections



**2022 is through 8/24/2022*



2.) Collaborate and Secure



Collaborate with Court

Judges and probation officers educated on MOUD and treatment plan developed with both court and medical staff involvement



Plan for post – release care

Release of Information



MULTIPARTY CONSENT FORM

I, Metro Plan (Name of Patient) authorize
Metro Plan (Name or general designation of program making disclosure)

to disclose to: (the following persons or organizations)

1. Cuyahoga County Common Pleas
2. Prosecution Dept.
3. Attorneys

the following information: All Records

The purpose of the disclosure authorized herein is to: permit the participants of a case conference concerning my case to exchange information with one another.

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specify the date, event, or condition upon which this consent expires)

Date: _____
Verbal Consent
Signature of Participant

Signature of parent, guardian, or authorized representative, if required.



CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL OR DRUG TREATMENT INFORMATION

I, Metro Plan (Name of Patient) authorize
Metro Plan (Name or general designation of program making disclosure)

to disclose to the following person or organization:

Name: _____
Address: _____

the following information: all Records

The purpose of the disclosure authorized herein is to:

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

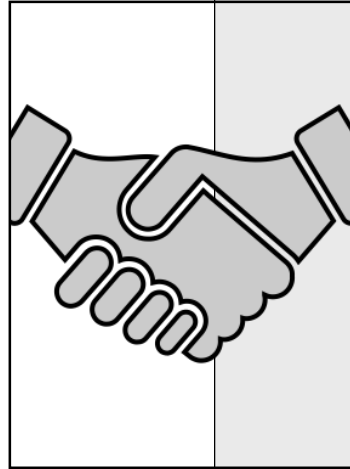
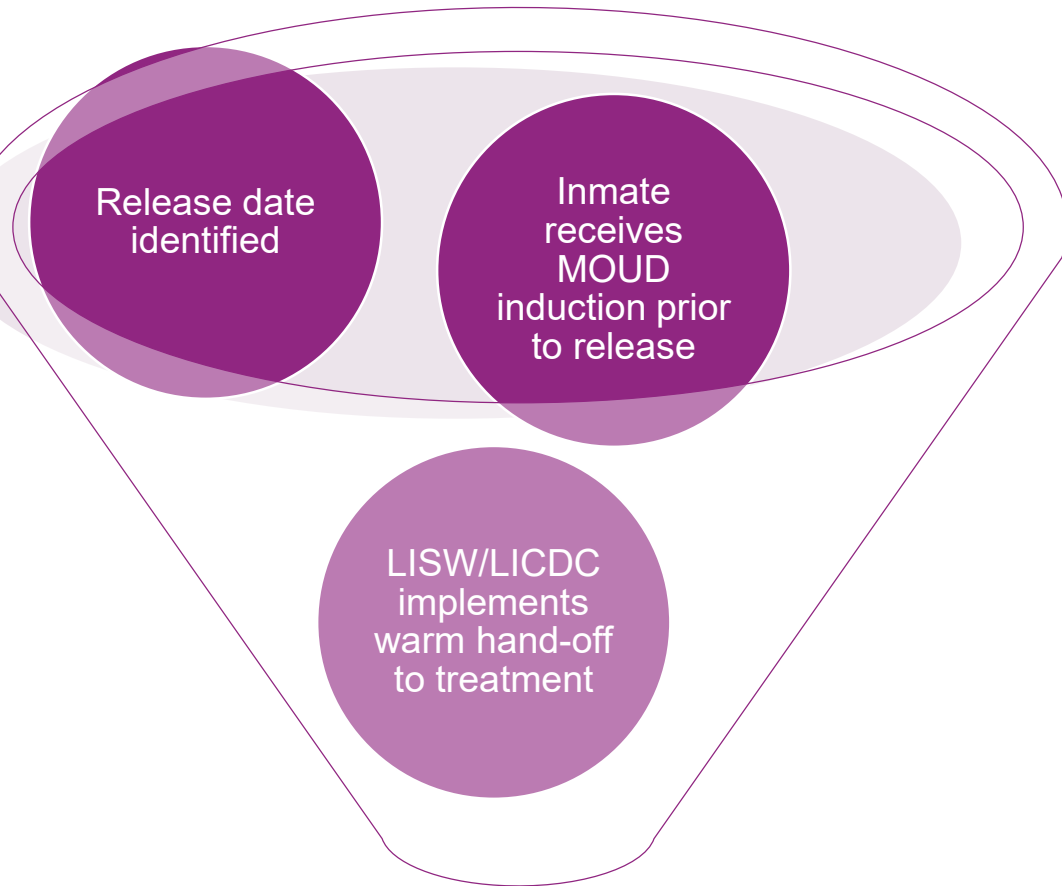
(Specify the date, event, or condition upon which this consent expires)

Date: _____
Verbal Consent
Signature of Participant

Signature of parent, guardian, or authorized representative, if required.

1/28/19

3.) Warm Hand-Off



- Connect to treatment facility
- Prescription for MOUD or appt for Vivitrol injection
- Take home Naloxone
- Follow up pamphlet provided
- MEC clinic – walk in access to Buprenorphine provider/Behavioral health

MOUD starts while inmate is incarcerated



Inmate connected with ongoing care and engagement is tracked

Post Release- Continued support with Forensic Coordinators

Forensic Coordinators:

- Assist with appts
- Transportation
- Referrals
- Connect to providers for ongoing prescriptions

Peer Support

Case Management

Resources to support recovery and re- entry

Transportation to/from MOUD/IOP appts

Post Release Referrals



External Referral Date _____

ExAM

Post Release Care Continuity Referral

PROGRAMMATIC	First Name _____ Last Name _____ Age _____ DOB ____/____/____ Race: <i>White Black Am Indian Asian Multiracial Other</i> Ethnicity: <i>Hispanic Non-Hispanic</i> Gender: <i>M F Trans</i> SO# _____ GPRA Initial interview date: _____ GPRA 2 nd interview date: _____ Judge: _____ Probation Officer: _____ Attorney: _____ Charge(s) _____ TX Need: <i>IOP IP PHP TBD</i> MAT Need: <i>Buprenorphine Naltrexone Methadone</i> LOC: <i>Yes No Other</i> _____ Registered Status: <i>Yes No</i> Prison Status: _____ PRESCREEN DATE: _____
	Date of initial contact: _____ Type of contact: <i>F2f Phone</i> Time spent with client: ____ mins/hours.
	COMMUNITY NEEDS Contact information: _____ Referral: <i>Was client informed to contact External Forensic coordinator upon D/C for Continued MAT shot or medication? Yes No</i> Release Date if known _____ Date client was informed: _____ External Peer Support Referral Completed? <i>Yes No</i> If yes, date _____ Employment: _____ Legal Needs: <i>Yes No</i> Housing Needs: <i>Yes No</i> Source of Income? _____ Lyft required: <i>Yes No</i> Employed: <i>FT/PT SSDI SSI Zero income Other</i> _____ Trauma Recovery Referral: <i>Yes No</i> If yes, date _____ Other Needs: _____ Health Care Navigation: <i>Primary Care Dentistry ID</i>
	CLINICAL History with an Opioid Use Disorder Provider? <i>Yes No</i> If yes, Provider information? <i>MetroHealth Recovery Resources</i> History of overdoses? <i>Yes No</i> Date of last drug use? _____ Drug(s) of Choice _____ Any Mental Health Concerns _____ Suicidal History: <i>Yes No</i> _____ Was MAT administered? <i>Yes No</i> Type of MAT: <i>Buprenorphine Naltrexone Methadone</i> Date of medication induction: _____ Narcan Provided by Sherriff's Office <i>Yes No</i>

Send Referrals to: Lisa Fair lfair@metrohealth.org / Jaquetta Curlee jcurlee@metrohealth.org
 AND
 Scan into EPIC



Informational Pamphlet for Inmates

MetroHealth Treatment Provider Locations

MetroHealth
Parma Medical Center
12301 Snow Road
Parma, Ohio 44130
Phone: (216) 524-7377

Hours of Operation:
Monday
7:30am- 8pm
Tuesday-Friday
7:30am- 5:30pm

MetroHealth
Broadway Health Center
6835 Broadway Avenue
Cleveland, Ohio 44105
Phone: (216) 957-1500

Hours of Operation:
Monday/ Wednesday/Friday
8am- 5pm
Tuesday/Thursday
8am- 7pm

MetroHealth
Mobile MAT Clinic
2500 W 25th St.
Cleveland, Ohio 44109
Phone: (216) 387-6290

Hours of Operation:
Monday-Friday
10am- 3pm

MetroHealth
Walk-In MEC Clinic
2500 W 25th St.
Cleveland, Ohio 44109
Phone: (216) 778-2051

Hours of Operation:
Tuesday & Thursday
12:00pm- 3pm

For assistance with MAT
and doctor's appointments
Post release, please contact:

Edward Lenzy
elenzy@metrohealth.org
216-385-8035

Eric Sigmund APRN-CNP
esigmund@metrohealth.org
216-633-6876



MyChart
metrohealth.org/mychart



**Medication Assisted
Treatment for Opioid
Use Disorder**

*Expanding Access to MAT in the
Cuyahoga County Corrections Center*

ExAM Program

Telehealth Prescriptions – Post Release

Telehealth prescriptions provided pending follow up

E prescribed (often after business hours)

Dedicated APRNs who will respond on weekends



Motivation and Engagement Clinic Short –Term Follow up

Provide walk – in one stop access to treatment

GOAL: Stabilize patients in early recovery by providing Walk- in access to MOUD, behavioral health treatments, basic healthcare, referrals to specialty care, support for social determinants of health

Pair provider visit for medication with behavioral treatment (group or individual)

Case management – assist with transportation, referrals, placement in treatment (transitions to primary care vs higher LOC)

Other: Naloxone kit distribution, vaccines, Peer support



Summary

Patients involved with Criminal justice system are **THE HIGHEST RISK** patients we care for

Risk for mortality post release increased by up to **40 % in first 2 weeks post release**

Risk can be reduced by providing MOUD during confinement and continuation post release

Vital to collaborate with courts/specialty dockets/probation officers to ensure working toward the same goal for each inmate

Addiction providers can **provide support services OUTSIDE the jail** to ensure follow up and MOUD continuation



MetroHealth
Devoted to Hope, Health, and Humanity



Questions?

