Welcome to DH Learning Collaborative

- **As you join you will be promoted to presenter.**
- ■You will be muted.
- •Please unmute yourself by clicking on the microphone icon for asking questions and participation in discussions.
- ■You may also put your questions and comments in the Chat box.
- ■We encourage active participation!







Monthly Webinars

■Virtual CO MAT Learning Forum

1st Thursday 12:30pm-1:30pm

REGISTER

■Induction Basics: Tips from the Trenches*

2nd Tuesday 7:30am-8:30am

REGISTER

* same topic each month

■Denver Health Learning Collaborative

3rd Wednesday 12:15pm-1:15pm

REGISTER







Denver Health Addiction Journal Club

Scheduled dates for 2020

- Every fourth Tuesday January-October
- November 10th
- December 8th

Time; noon to 1 pm

To join; email ITMATTTRs2@UCDENVER.EDU

- See our website for previous presentations & resources as well as upcoming topics
 - https://www.practiceinnovationco.org/itmatttrs2/mat-forum/







Jail to Community MAT Program

Shely Basnet, LCSW, LAC

History

Multi-agency coordination:

Denver Health, Denver Sheriffs Department, Denver Adult Probation, Office of Behavioral Health Strategies, Drug Court, City of Denver

- ullet 2017 ullet Maintenance, Pregnant Individuals, Withdrawal Tapers
- $20\overline{18} \rightarrow$ Jail to Community formally commences
- Goals:
 - Increase recovery, stability, and individual self-regulation post-release
 - Decrease likelihood of overdose due to withdrawal while in jail
 - Increase retention in treatment during incarceration and post-release
 - Decrease illicit opiate use and other criminal activity among people with substance use disorders.

How is J2C Funded?

- Signal Funding Annually renewed by State OBH
- Denver Foundation 3 year grant ending in 2022, Direct Service Focused
- State Opioid Response Funding Annually renewed by DSD, Medication, Housing, and Transportation
- Substance Abuse and Mental Health Administration Services (SAMHSA) Grant – 5 year grant ending in 2025, Narcotic Treatment Program, Re-entry Focused

Target Population

Maintenance

Patients booked into Denver
Sheriff Department custody
who are already on
Methadone, Buprenorphine,
or Naltrexone are continued
on the medications during
incarceration.

Pregnant

Pregnant individuals meeting criteria for an opioid use disorder are inducted on Methadone through admission to our Correctional Care Medical Facility (CCMF), or prescribed buprenorphine in jail.

Induction

Induction after J2C staff identify patients eligible for the program.

Induction Criteria

- Must meet the DSM V diagnostic criteria for an Opioid Use Disorder
- Voluntary
- Sentenced and releasing in Denver, or transferring to a facility that continues MAT:
 - Department of Corrections
 - Boulder, Larimer, Arapahoe, Clear Creek, Pueblo
 - Community Corrections Peer I, Dahlia, Corecivic Fox, The Haven, ACRC (Jeffco), ICCS (Arapahoe)

The Referral Process

Denver Sheriff Health Services MAT PROGRAM

Jail to Community Pilot Program: Connecting Patients to Medication Assisted Treatment (MAT)

What is the Jail to Community Program?

- Jail to Community (J2C) is a grant-funded Pilot Program initiative with collaboration between Denver Health, Denver Probation, Denver Drug Court, and Denver City and County, Jails
- The aim of J2C is to improve access to <u>Alcohol or Opioid</u> addiction treatment and recovery services.
- · The services provided by J2C are:
 - Induction on Medication Assisted Treatment (MAT) such as Suboxone or Vivitrol in jail. Methadone induction is NOT currently available in the jails.
 - Connection to continuing MAT after release at the Outpatient Behavioral Health Services (OBHS) at Denver Health.
 - Access to the opioid overdose-reversing drug, Naloxone (a.k.a. Narcan) free of charge.
 - For individuals in the J2C program who are receiving MAT through the Outpatient Behavioral Health Services after release, Narcan prescription is automatically made available at the Denver Health pharmacy and it can be obtained free of charge.

J2C Eligibility Criteria:

- Must be SENTENCED (no pending status/advisement/disposition hearings, jury
- trials, unresolved warrants, holds, or open cases in other counties).
- · No holds or outstanding warrants in counties outside of Denver
- No involvement with the Department of Corrections (DOC) including parole violations or Community Corrections sentences, as they do not accommodate MAT at this time.

How to Apply for J2C if You Meet the Criteria Above:

- Fill out the J2C application and Denver Health Release of Information (ROI) form and drop it in the medical KITE box. The application, ROI, and medical KITE box are in all housing units.
- Make sure to include your name, date of birth, CD#, location (Denver Detention Center or Denver County Jail), and medication you are interested in (Suboxone or Vivitrol only).
- 3. A J2C staff member will process the request if you meet the listed program criteria.
- 4. If you meet the J2C program criteria, between one to six weeks prior to your release date, a J2C staff member will schedule medication induction, meet with you to complete intake paperwork, and provide instructions on how to follow up at the Outpatient Behavioral Health Services after release.

Do NOT fill out KITES for J2C, as you will incur a \$7 charge

Available In:
Exam Rooms
Each Housing Unit
Medical Unit

Denver Sheriff Health Services MAT PROGRAM Applicant Information: Jail to Community Medication Assisted Treatment (MAT) Pilot Program Application Please answer the following questions AFTER reviewing the program information and eligibility requirements. Place application in the Health Services Kite Box in your housing unit. **NOTE**: Intentionally providing incomplete or inaccurate information on this application may delay the screening process or disqualify you from being considered for the program Applicant Information: Housing Location: Date of Birth: Do you have a history of Opioid or Alcohol addiction? (Circle applicable) What medication (Suboxone or Vivitrol) are you interested in? What do you hope to achieve by starting this medication? Do you have any open cases, warrants or court dates outside of Denver? If yes, STOP here. You must not have any open cases outside of Denver to qualify for the program. Are you currently on parole, have a parole violation, or a Community Corrections sentence? If yes, STOP here. DOC and Community Corrections Programs do not currently support MAT services. Are you willing/able to daily dose at a clinic in Denver following release? Have you been in the Jail to Community MAT Program before? Yes__ No__ If yes, when and how many times?_ Were you ever caught diverting or misusing your medication in the past while incarcerated? If yes, STOP here. Per zero tolerance policy in the jails on medication diversion, you are ineligible to be considered for the program. There are NO exceptions to this policy. Are you currently OR will you be on Denver District or County Probation, or in the Drug Court/Restart Program in Court System (Case #'s with "CR")? If yes, who is your Probation Officer? What do you hope to achieve with the help of the Jail to Community program? Thank you for completing this application. If you meet criteria, a member of the MAT Program team will meet with you to go over the next stens for enrollment or explore alternate ontions, if applicable Candidate: Y/N Comment:

Questions?
Shely Basnet: Shely.Basnet@dhha.org

MAT Distribution (Number of Unique Individuals)

Medication/Protocol	2018	2019
Opiate Withdrawal Protocol	1,11 <i>7</i>	918
Buprenorphine or Suboxone	578	448
Oral Naltrexone	190	327
Vivitrol	28	39
Methadone	319	416

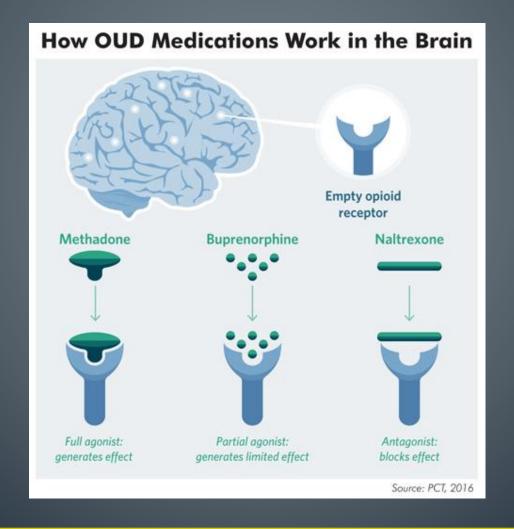
Challenges

- Chronic Homelessness
- Lack of Appropriate Levels of Treatment/Resources
- Transportation
- Lack of Support System
- Difficult to Coordinate Releases
- Severe and Persistent Mental Health Disorders
- Intensive Case Management Support
 - Insurance, Housing, Community Support Systems, Income/Employment,
 Transportation, Support with Appointments, etc.

Why Do We Provide MAT at the Denver Jails?

- Three to eightfold increased risk of deaths in the first two weeks after release from incarceration.
 - Merrall EL et al. Meta-Analysis of Drug-Related Deaths Soon After Release from Prison. Addiction. 2010;105(9):1545-1554. doi:10.1111/j.1360-0443.2010.02990.
- A meta analysis found 20-60% reduction in IV substance use and 25-86% reduction in sharing of IV
 equipment with methodone or buprenorphine treatment, showing the ability to reduce transmission of HIV
 and HCV through treatment.
 - What is the impact of medication for opioid use disorder treatment on HIV and HCV outcomes? National Institute on Drug Abuse. Retrieved September 2, 2019 from https://www.drugabuse.gov/publications/medications-to-treat-opioid-addiction/what-impact-medication-opioid-use-disorder-treatment-hivhcy-outcomes
- A study of the Rhode Island DOC (RIDOC) exhibited that those receiving methadone continuation during
 incarceration were twice as likely to return to a MAT clinic within a month of release when compared to those
 forced to detox in prison.
 - · Rich JD et al. Methadone continuation versus forced withdrawal on incarceration in a combined US prison and jail: a randomised, open-label trial.
- RIDOC showed a 61% decrease in post-incarceration death within their first year.
- A study of a Baltimore prison found that those receiving counseling and methadone in prison were 8 times more likely to enter treatment and 3 times less likely to be incarcerated in the 3 months post-release than those only receiving counseling.
 - Kinlock TW, Gordon MS, Schwartz RP, O'Grady KE. A Study of Methadone Maintenance For Male Prisoners: 3-Month Postrelease Outcomes. Crim Justice Behav. 2008;35(1):34–47. doi:10.1177/0093854807309111

Medication-Assisted Treatment (MAT)



Opiate Withdrawal

Refers to a wide range of symptoms that can occur when opioid intake is interrupted or reduced. The amount, length, and intensity of the symptoms vary from person to person. For some individuals, it can be a natural process, and for others, withdrawal can be severe. Opiate withdrawal occurs it takes time for the body to regulate to no longer having the drug in the system. because

These usually start within 6-12 hours for short-acting opiates, and they start within 30 hours for longer-acting ones:

- Lacrimation
- Muscle aches
- Agitation
- Trouble falling and staying asleep
- Excessive yawning
- Anxiety
- Nose running
- Sweats
- Racing heart
- Hypertension
- Fever

Peak symptoms within 72 hours and usually last a week or so:

- Nausea and vomiting
- Diarrhea
- Goosebumps
- Stomach cramps
- Depression
- Drug cravings

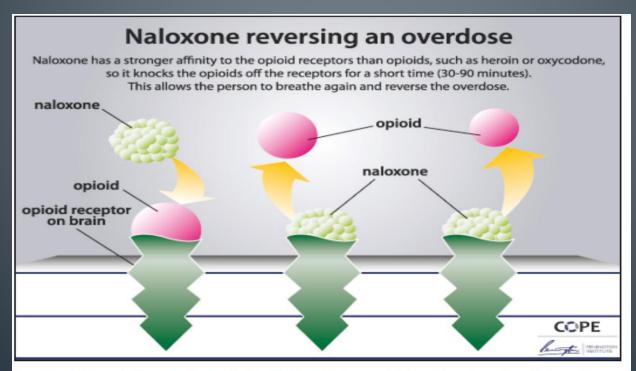
Opioid Overdose

REALLY HIGH	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling (death rattle)
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Pale, clammy skin
Nodding	Heavy nod, not responsive to stimulation
Will respond to stimulation like yelling, sternal rub, pinching, etc.	Slow heart beat/pulse
	Slow heart beat/pulse

- Pinpoint pupils
- Respiratory depression (shallow/no breathing)
- Blue or grayish lips/fingernails
- No response to stimulus
- Gurgling/ heavy wheezing or snoring sound
- Opioids suppress the urge to breathe and decrease the body's/brain's response to carbon dioxide leading to respiratory depression (decreased rate of breathing) and death

Overdose Prevention

- > Availability of Narcan rescue kits
- Patient education



Source: Adapted diagram from *Guide To Developing and Managing Overdose Prevention and Take-Home Naloxone Projects* http://harmreduction.org/our-work/overdose-prevention/

Questions?

Shely.Basnet@dhha.org 303.602.7824

Thank You!

DH Learning Collaborative

May 20, 2020; 12:15 – 1:15 pm

- Substance Emergency and Involuntary Commitment Process;
- Matthew Hoag