Office of Addiction and Recovery - Monthly webinar

https://mn.gov/mmb/oar/

Hello and introductions

Meeting logistics:

- All attendees, except presenters, will remain muted
- We will work to address all questions during the time allotted.

Agenda

11:00 a.m.	Hello and introductions
11:05 a.m.	OAR update
11:15 a.m.	"Getting to know state leaders", a Q&A
11:35 a.m.	Stratis Health, supporting MOUD in jails
11:55 a.m.	Closing

OAR updates

- Potential Federal Changes
  - Reconciliation bills
  - Budget proposals
- Legislative Update
  - Key substance use disorder provisions
  - Subcabinet changes
- Opioid Medications Workgroup Updates
- Community Engagement
- Odds and Ends

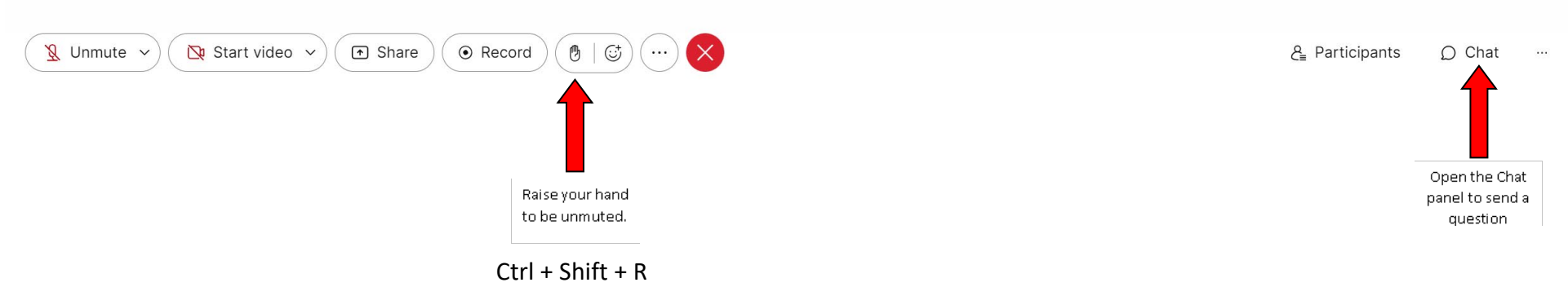
"Getting to know state leaders", a Q&A

- John Connolly - Deputy Commissioner, Department of Human Services

Questions about state leaders

Attendees are muted.

Use the menu bar at the bottom of your screen to raise your hand so we can unmute you or open the Chat panel and submit a question.



If using the Chat panel, please post chat questions to everyone to allow for all attendees to see conversation

Meeting Minnesota Jails Where They Are: The Practical Approach to Medication for Opioid Use Disorder (MOUD) Programming

Jennifer Lundblad, PhD, MBA, President & CEO

Susan Severson, VP of Business Solutions and Innovation

Erin Foss, RN, CARN, CCHP, Clinical Subject Matter Expert, Addiction Medicine

Stratis Health

Independent, nonprofit organization founded in 1971 and based in Minnesota

- Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities

Core expertise: design and implement improvement initiatives across the continuum of care and with and for communities

- Funded by federal and state government contracts and grants and private sector support
- We work at the intersection of research, policy, and practice

Improving health and health care for priority populations

- Older adults, people living in rural places, people experiencing substance use disorders, and those experiencing health disparities

Addressing the Opioid Crisis

- Stratis Health began addressing the opioid crisis in 2014, focusing nationally and in Minnesota on:
  - Increasing access to best practices for identification and treatment of opioid use disorder (OUD)
  - Improving opioid stewardship initiatives
  - Reducing disparities in care and outcomes
- To accomplish this, our work includes:
  - Community engagement and coalition building;
  - Mentoring clinics, hospitals (surgical services, OB, ED, and general inpatient care), and jails in rural and under resourced areas;
  - Harm reduction, risk reduction, non-punitive approach in MOUD care

Minnesota MOUD in Jails Partnerships and Collaborations

- Substance Abuse and Mental Health Services Administrations (SAMHSA) CIRCLE:
  - Two rural jails who are engaging the community, hospital, and clinic synergistically
- Department of Human Services (DHS):
  - MAT in Jails (initial cohort of five counties)
  - MOUD in Jails (current cohort of nine counties)
- Office of Addiction and Recovery:
  - Stratis Health partnering with the Minnesota Sheriff's Association and Office of Addiction and Recovery to deliver:
    - MOUD pre-implementation planning checklist
    - Re-entry checklist
    - Technical assistance plan
    - Intensive foundational learning sessions

The Fentanyl Crisis and Our Call to Action

- Fentanyl is significantly more potent than Heroin
- The withdrawal syndrome ***IS*** life threatening
  - Seizures
  - Suicide attempts
  - Severe dehydration

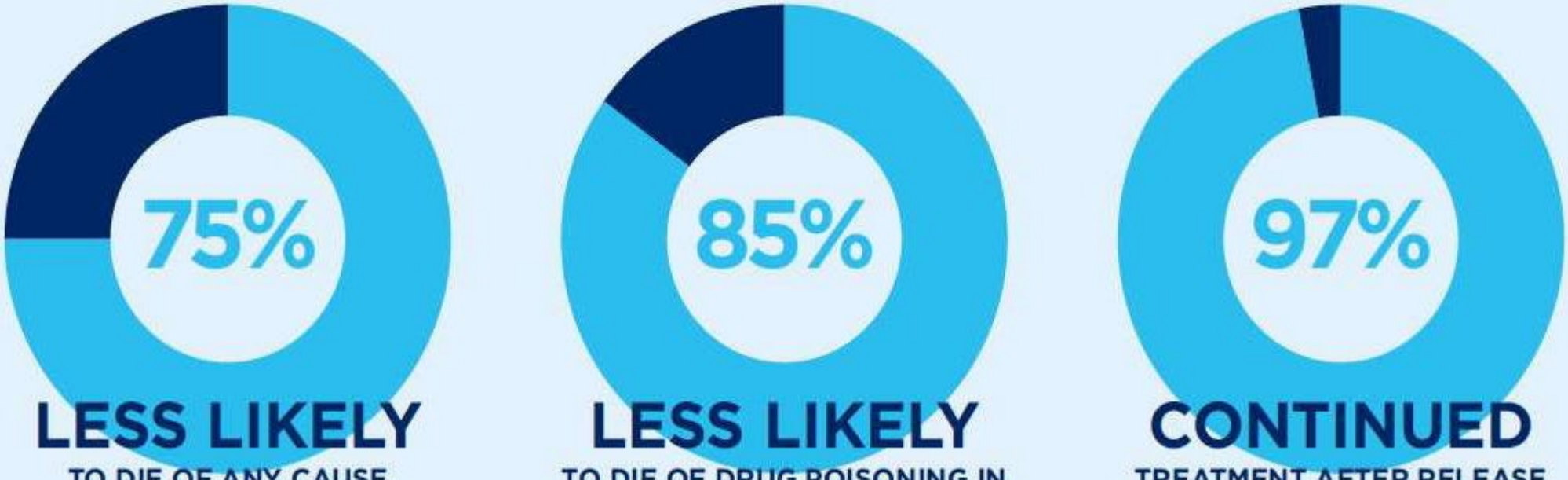
Benefits of MOUD Programming: The Operational Perspective

- Reduces clean up of bodily fluids for officers
- Prevents in custody suicide attempts
- Mitigates Emergency Department transports
  - Staffing shortages
  - Cost
- Supports financial stewardship and cost savings on medications overall
- Reduces assaults due to physically and emotionally regulated individuals being detained

Benefits of MOUD Programming: The Public Health Perspective

- Treats life threatening withdrawal symptoms
- Alleviates cravings
- Heals the brain and body from chronic illness
- Reduces spread of infectious disease resulting from high- risk behavior associated with substance use
- Protects against overdose while in custody and upon release from incarceration

UPON RELEASE FROM INCARCERATION, PEOPLE WHO RECEIVED MEDICATIONS FOR OPIOID USE DISORDER WHILE INCARCERATED



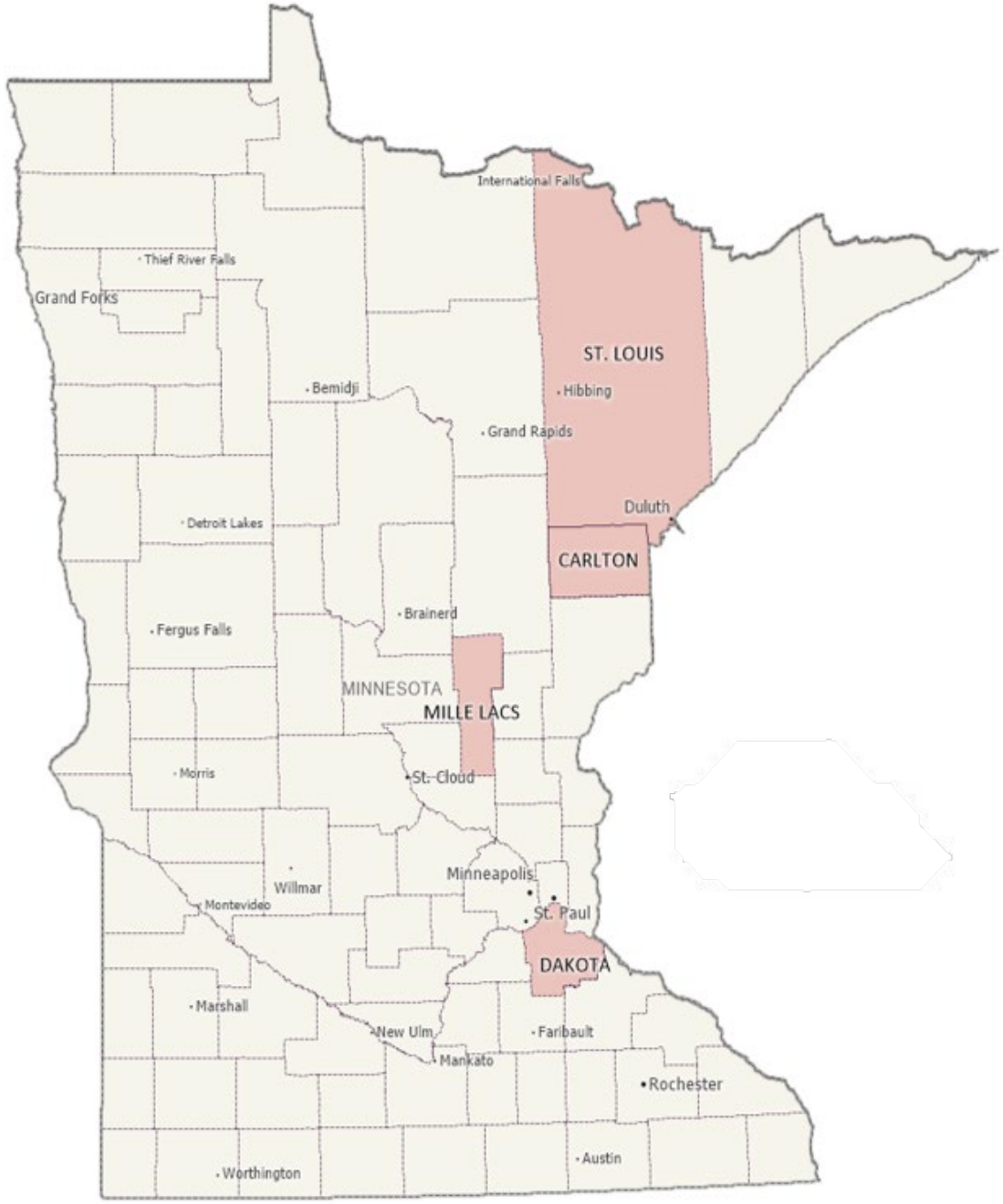
SOURCE: Shabbar I. Ranapurwala et al., Opioid Overdose Mortality Among Former North Carolina Inmates.

SOURCE: Nickolas Zaller, Initiation of Buprenorphine During Incarceration and Retention in Treatment Upon Release; Verner S. Westerberg, et al., Community-Based Methadone Maintenance in a Large Detention Center is Associated with Decreases in Inmate Recidivism.

Education, Mentorship, and Support

MN: MOUD in Jails

Initial jail cohort to plan and implement MOUD programming within Minnesota jails



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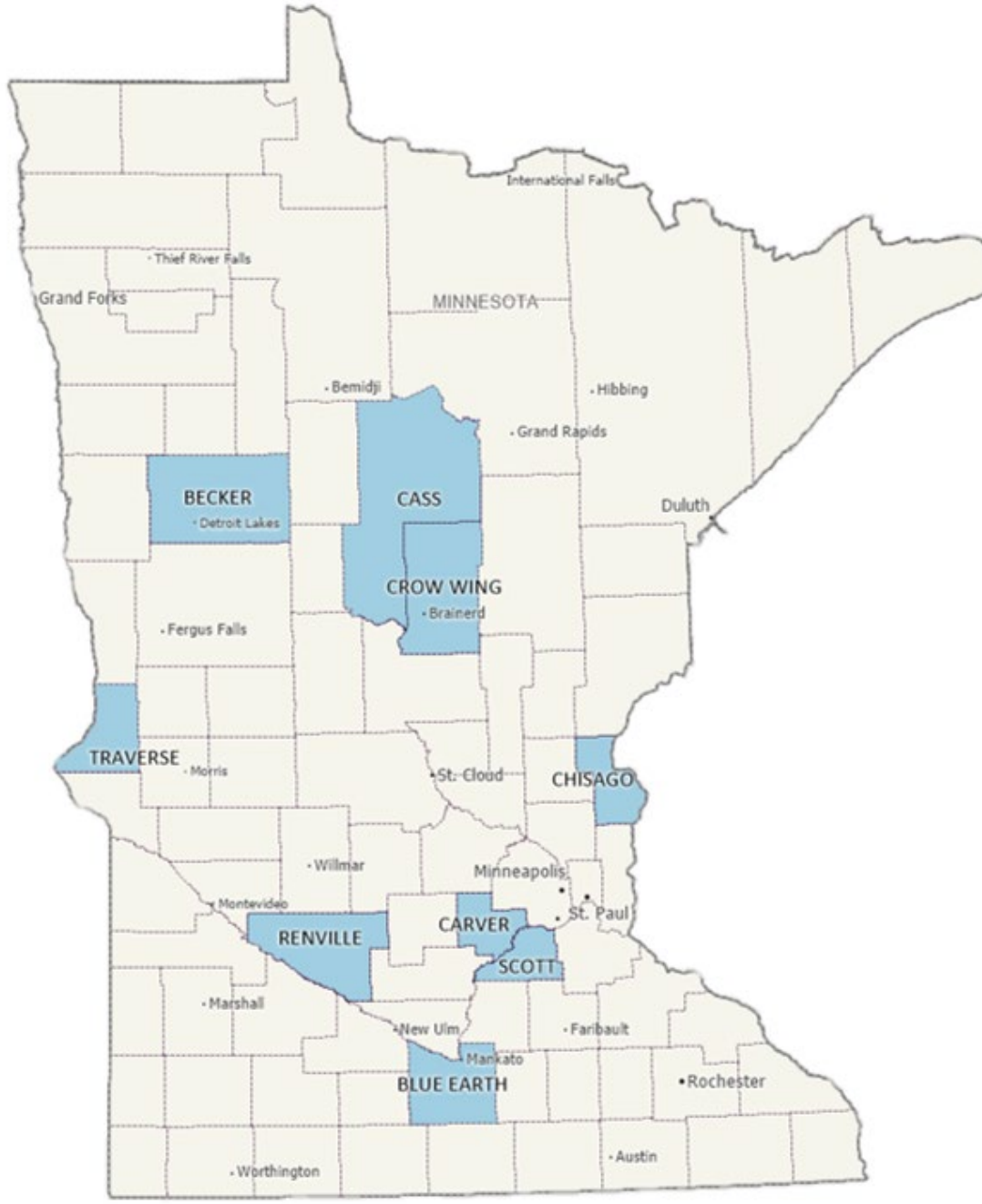
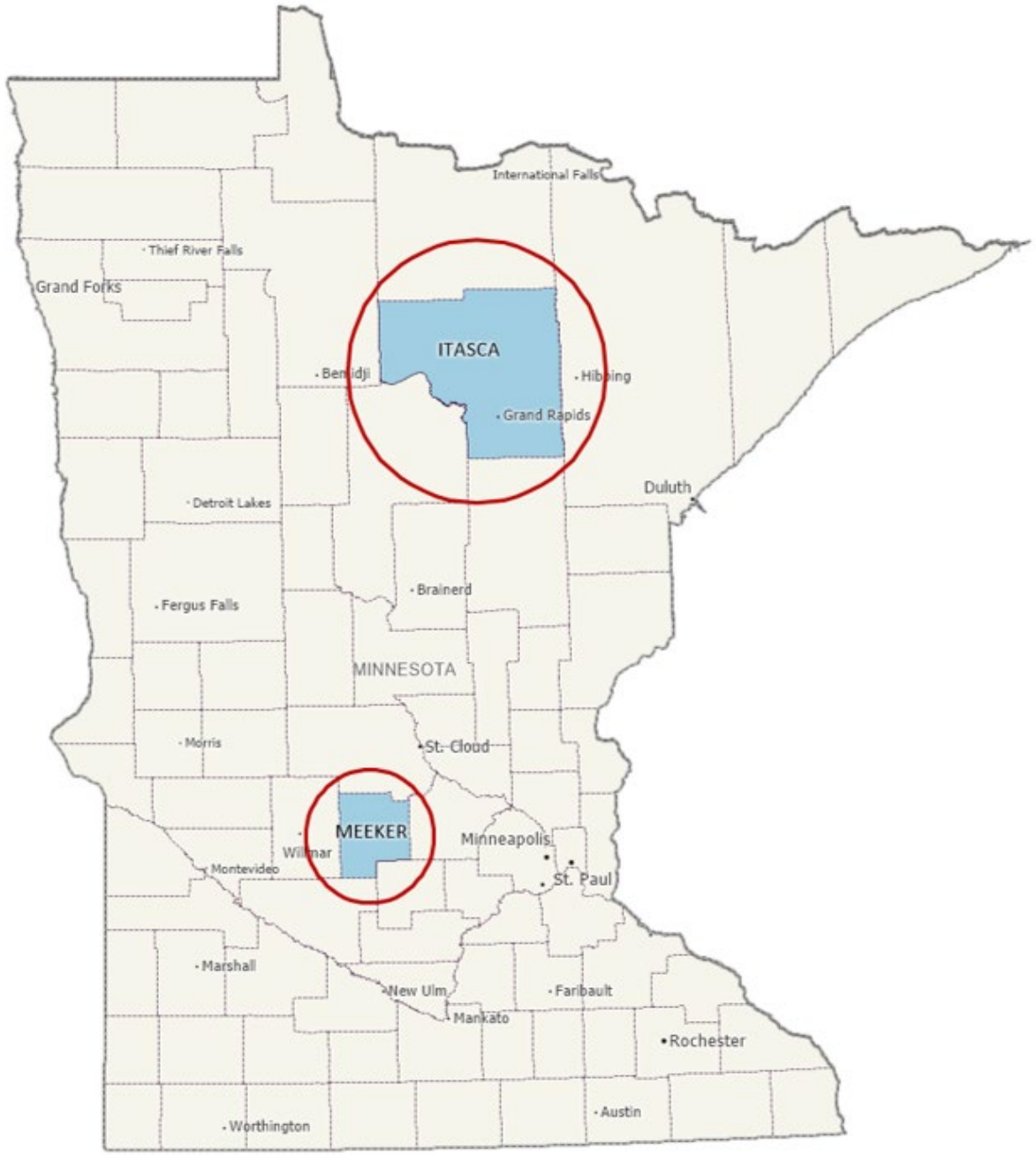
MN: Department of Human Services Funded Programming

- 9 jails participating in current grant cohort
- Planning and implementing MOUD programming in county jails



MN:Substance Abuse and Mental Health Services Administration Funding

- 2 rural communities
- Develop community task force
- Plan and implement MOUD programming in clinic, hospital, and jail all at once



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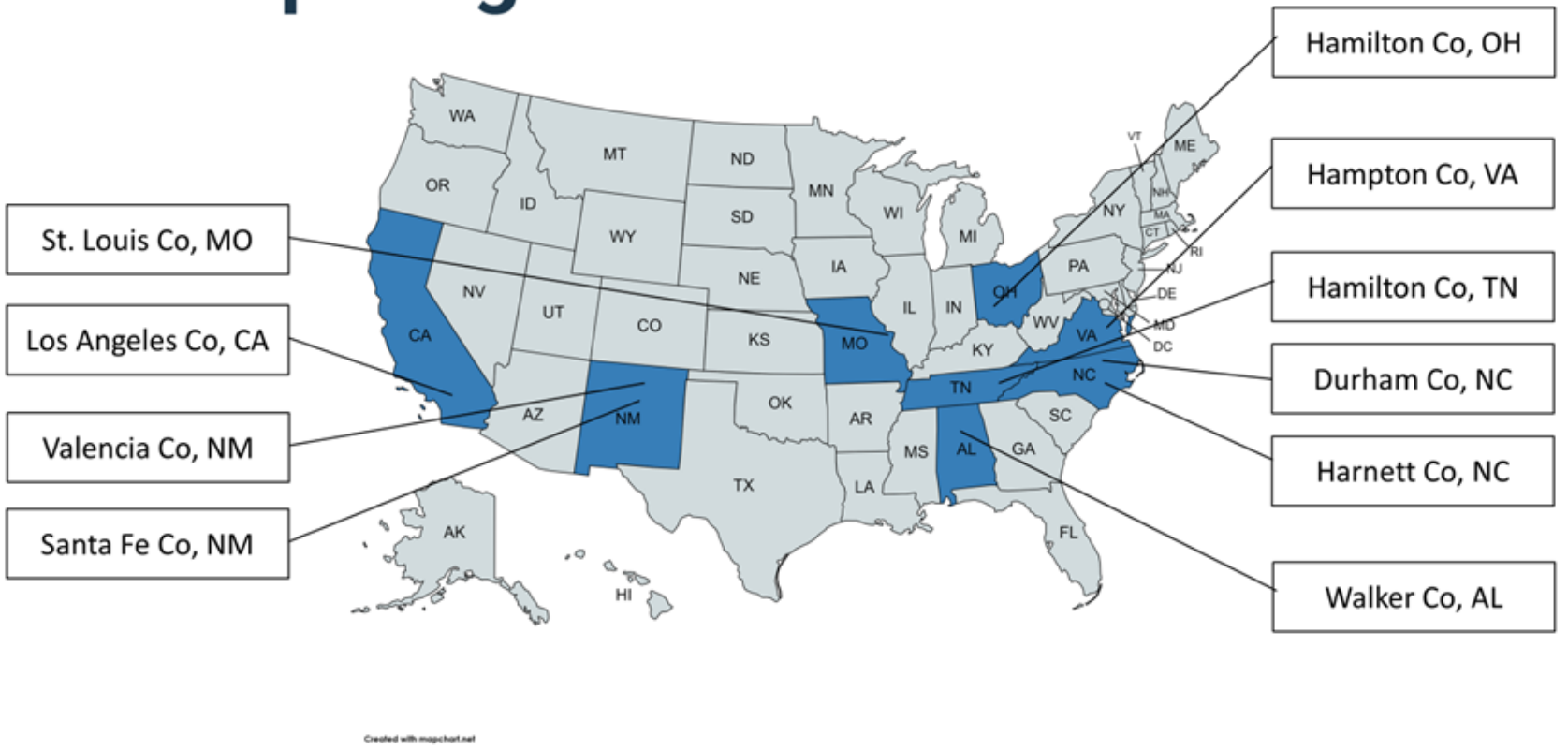
National: Bureau of Justice Assistance Coaching

Participating Sites



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Feedback From Jails In Current MN Cohort

- Diversion was one of the most common questions among the jail administrators. Foundational Training helped jail staff understand that “MOUD is not a Drug for a Drug”.
- Jail administrators have reported that correctional officers see the benefit of MOUD because of a reduction in work for them.
- ROI seems to be that MOUD helps focus correctional officers on value added tasks vs. cleaning up after withdrawals.
- There is MOUD knowledge increase across the board from administrative, correctional, programming and medical staff.

Planning Checklist

Communicate and Collaborate

- ❑ Communicate and collaborate with your medical authority (e.g., medical vendor, public health and/or local health care provider) on MOUD programming intent.
- ❑ Meet with and discuss opportunities and goals for MOUD programming.
  - Provider
  - Nursing leadership/medical authority
  - Jail administration

Engage your Implementation Team

- ❑ Assemble internal implementation team composed of:
  - Provider
  - Nursing leadership
  - Direct care nurse
  - Jail administration
  - Front line corrections officer
- ❑ Schedule recurring meetings to maintain programming momentum.
- ❑ Review current intake workflows and questions addressing opioid use and/or use of MOUD.
  - Universal screening
  - Intake questions addressing substance use
  - Urine Drug Screen
  - Prescription Drug Monitoring Program
  - Release of Information form on intake

Planning Checklist

Engage your Community Partners

- ❑ Identify existing community partners that may support programming during incarceration and/or aid in reentry planning.
  - Coalitions
  - Community MOUD prescribers
  - Opioid settlement fund committee
  - Peer recovery organizations

Facilitate Shared Vision and Culture of Learning

- ❑ Identify MOUD training resources endorsed by the MN Sheriff's Association.
- ❑ Organize an all-staff foundational training to address common barriers and misconceptions about MOUD to garner buy-in and advance understanding of OUD and MOUD. The training should include these components:
  - Neurobiology and medication safety
  - Diversion
  - Cost
  - Time management/dosing workflows

Reentry Checklist

Provide the following upon release:

- ❑ Warm handoff to community MOUD provider or telehealth MOUD provider (if possible). Warm handoff includes jail staff helping person leaving jail coordinate a follow-up appointment in the community or including community provider in release planning.
- ❑ Remaining supply of MOUD, including naloxone kit.
- ❑ List of community resources such as housing, food, transportation, local MOUD providers, treatment facilities, recovery support groups, and peer recovery organizations.
- ❑ Support insurance reinstatement.

Supporting Resources:

- Engaging Community Coalitions To Decrease Opioid Overdose Deaths Practice Guide 2023
- Community Coalition and Key Stakeholder perceptions of the community opioid epidemic before an intensive community-level intervention - PMC

Full Spectrum Implementation

Medications for Opioid Use Disorder (MOUD) - MEDICATION FIRST MODEL IN JAILS

<table>
<tr><th rowspan="2">Planning</th><th colspan="5">MOUD Implementation Phases</th><th rowspan="2">Reentry</th></tr>
<tr><th>PHASE 1:</th><th>PHASE 2:</th><th>PHASE 3:</th><th>PHASE 4:</th><th>PHASE 5:</th></tr>
<tr><td rowspan="4">Refer to Planning Checklist for core components to address during pre-implementation planning.</td><td>You are open to allowing MOUD in your facility. You are continuing MOUD for individuals taking it prior to incarceration if Urine Drug Screen (UDS) is as expected (i.e., only shows MOUD in urine).</td><td>You utilize harm reduction/non-punitive strategies toward MOUD. You are continuing life-saving medication to treat a chronic illness throughout duration of stay. This includes individuals whose UDS is not as expected.</td><td>You are inducing MOUD on those who meet assessment criteria.</td><td>You are inducing individuals whose Opioid Use Disorder (OUD) may not have been identified or disclosed on intake.</td><td>You offer reentry services for continuity and coordination of care post-release.</td><td rowspan="4">Refer to Reentry Checklist for core components to address during reentry.</td></tr>
<tr><td><u>Example Scenario:</u>
Individual reports taking Suboxone on the outside.
• UDS (including fentanyl test) is obtained; results are as expected (i.e., positive for only Suboxone).</td><td><u>Example Scenario:</u>
Individual reports taking Suboxone on the outside.
• Prescription Drug Monitoring Program (PDMP) verified.
• UDS is obtained; results are not as expected (Suboxone and non-prescribed or illicit substances present).</td><td><u>Example Scenario:</u>
Individual discloses chronic or recent opioid use during intake.
• OUD assessment completed; Clinical Opiate Withdrawal Scale (COWS) score obtained.
• UDS positive for opioids or Fentanyl.</td><td><u>Example Scenario:</u>
Individual has been incarcerated for a prolonged period and already experienced opioid withdrawal but is reporting ongoing cravings, dreams about using opioids, or is presenting dysregulated behavior.
• Upon intake, opioid use was reported and UDS was positive for opioids or Fentanyl.
• PDMP reviewed.</td><td><u>Example Scenario:</u>
Individual receiving Suboxone is being released.
Collaboration with community MOUD provider, peer recovery, and insurance.</td></tr>
<tr><td colspan="2"><u>Your Action:</u>
Continue Suboxone throughout the duration of stay.</td><td colspan="2"><u>Your Action:</u>
Follow protocol for inducing Suboxone and continue throughout the duration of stay.</td><td><u>Your Action:</u>
Provide individual with Suboxone, Narcan, and list of community resources upon release.</td></tr>
<tr><td colspan="4">Initiate release of information with appropriate reentry personnel such as peer recovery, social worker, LADC, or navigator (if available).</td></tr>
</table>

Foundational Education and Support

- Stigma
- Addiction as a chronic relapsing disease
- Neurobiology of Opioid Use Disorder
- How MOUD works and its safety profile
- Addressing areas of concern:
  - Diversion
  - Cost
  - Dosing and time management

Plan for the Future

- Learning Sessions
- Individualized technical assistance tailored to each jail
- Officer trainings
- Medical staff trainings
- Tools and resources, including sample policies and protocols

References

- Department of Justice Bureau of Justice Administration - GUIDELINES FOR MANAGING SUBSTANCE WITHDRAWAL IN JAILS
- National Commission on Correctional Health Care - 2025-MAT-Guidelines-for-Substance-Use-Disorders-3-6-25.pdf
- Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States | SAMHSA Library
- Harvard Study: NCCHC Accreditation Saves Lives and Improves Health Outcomes – National Commission on Correctional Health Care
- Engaging Community Coalitions To Decrease Opioid Overdose Deaths Practice Guide 2023
- Community Coalition and Key Stakeholder perceptions of the community opioid epidemic before an intensive community-level intervention - PMC

Questions:

- Contact:

  Erin Foss, RN, CARN, CCHP

  efoss@stratishealth.org

  320-282-6553

“Do the best you can until you know better. Then when you know better, do better.”

– Maya Angelou

StratisHealth

Questions about Stratis Health

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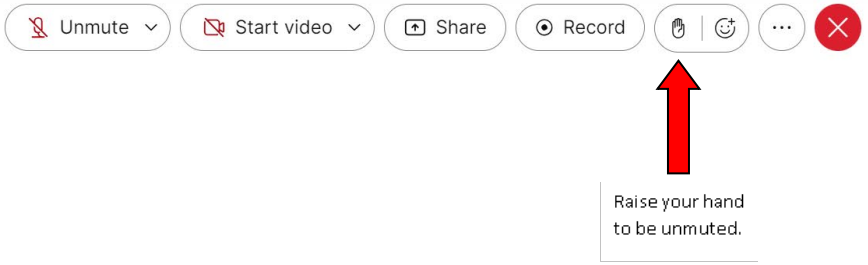

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OAR webinar series information

- The next webinar will be on July 30 at 11 a.m.
- Visit https://mn.gov/mmb/oar/monthly-update/ for:
  - A list of all webinar dates
  - A link to register for the next scheduled session
  - Past presentations

MINNESOTA
OFFICE OF ADDICTION
AND RECOVERY

Thank You!

Contact Information

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