

Expanding MOUD in County Jails ECHO Overview

09/08/2021

Presenters:
Patty Ferssizidis, PhD



Goal and Objectives of this ECHO

- To create a virtual learning environment that fosters knowledge exchange and guidance for jail teams as they strengthen their capacity to implement and/or enhance access to Medication for Opioid Use Disorder (MOUD) in their setting.
- Objective 1: To increase knowledge of best practices in MOUD implementation in county jails.
- Objective 2: To build capacity among multidisciplinary jail teams for deploying strategies for successful MOUD implementation in county jails.

Your Goals for Participation

- What are you/your team hoping to leave this experience with?

What is the ECHO Model?

- Four Principles of the ECHO Model



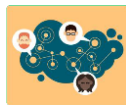
Using Technology to Leverage Scarce Resources



One to Many



Distance/Time



Multidisciplinary

Sharing Best Practices to Reduce Disparities



Brief lectures / didactics



Right knowledge, right place,
right time



Tailor, standardize,
implement, grow, etc.

Case-Based Learning to Master Complexity



Practical focus: diverse, real-life cases; learning by doing.
Focus: **systems, groups, individuals** ...



Build / expand networks & partnerships



Ongoing mentoring & relationship building

Learning Loops: All Teach All Learn

- Interactive learning environment
- Learning by doing
- Learning from brief lectures
- Learning from each other
- Collaborative problem solving

Monitoring Outcomes: Evaluation



Program evaluation/
data tracking –
measuring
programmatic activity



iECHO: Measuring
program reach using
programmatic data



Measuring outcomes: who
are we reaching, what are
they learning, are we
attaining goals, are we
having an impact?

Pre-Post Assessment

Pre-Post Assessment

Jail Substance Use, Medicaid and Re-entry Assessment Tool

Thank you for your interest in completing the MAT for County Jails Assessment Tool. Upon completion of the assessment, you will receive an individual report indicating your level of readiness in initiating or enhancing your program. A report will be sent to the person completing the form at the email provided. Estimated time to completion is approximately 30 min.

Name of person completing this assessment:

Title of person completing this assessment:



Anatomy of a TeleECHO Clinic

1. Introductions & announcements
2. Case Presentation
3. Brief Didactic (10-30 minutes)
4. Closing announcements
5. Post-clinic evaluation (required for educational credit)

Curriculum & Session Dates

SEPTEMBER 8 TH	SEPTEMBER 22 ND	OCTOBER 6 TH	OCTOBER 20 TH	NOVEMBER 3 RD	NOVEMBER 17 TH	DECEMBER 1 ST	DECEMBER 15 TH
Addiction Neuroscience and the Case for Treating Opioid Addiction in Jails	Implementation: Systems Change and Key Roles and Partnerships	MAT Medications: How They Work, for Whom, Implications for Use in Jails	Medication Administration and Diversion Mitigation	Evidence Based Screening, Assessment and Withdrawal Management	Evidence Based, Trauma Informed Behavioral Health Treatment	Re-entry and Release Planning	Outcomes and Sustainability

Questions?

Case Presentation Form

09/08/2021

Presenters
Patty Ferssizidis, PhD



Face Sheet

Expanding Medication for Opioid Use Disorder in County Jail Tabled(0)
Case Presentation Form

Please complete this form at the top and email this completed information at info@echohda.com

Provider Information 1. Name 2. Email address 3. Please indicate where the Case Presentation content will be reviewed (see table below) 4. Institution 5. Case Presentation Date 6. What would you like to present your case? (Please check any/all that apply) 7. Case Presentation Topic 8. Please check any topics related to your case: 9. Additional Information (e.g., contact information, etc.)	1. September 27, 2021 2. September 28, 2021 3. October 1, 2021 4. October 4, 2021 5. November 1, 2021 6. November 15, 2021 7. November 22, 2021 8. December 6, 2021 9. December 13, 2021 10. December 20, 2021 11. January 3, 2022 12. January 10, 2022 13. January 17, 2022 14. January 24, 2022 15. February 7, 2022 16. February 14, 2022 17. February 21, 2022 18. February 28, 2022 19. March 7, 2022 20. March 14, 2022 21. March 21, 2022 22. March 28, 2022 23. April 4, 2022 24. April 11, 2022 25. April 18, 2022 26. April 25, 2022 27. May 2, 2022 28. May 9, 2022 29. May 16, 2022 30. May 23, 2022 31. 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Significant Lab Findings:

Test/Drug/Value	Order Date	Lab Date	Frequency/Quantity of Use	Notes of Abnormalities
Alcohol/urine				
Benzodiazepine/urine				
Cocaine/urine				
Heroin/urine				
Marijuana/urine				
Opioids/urine				
Phenytoin/urine				
Valproic acid/urine				
Other				

Any abnormal laboratory results in outpatient care, history, location, past use of SAM, and location of laboratory call (e.g., group, individual treatment)

Any Safety Resources:

Current Stage of Change (check one)
☐ Preparation ☐ Implementation ☐ Action ☐ Maintenance

Post-Presentation

- May be assigned a follow-up date to present
- Receive consolidated recommendations

Questions?







Expanding Medication for Opioid Use Disorder in County Jails

Addiction Neuroscience 101 and the Case for Treating Opioid Addiction in Jails

LEADING TODAY'S DISCUSSION:



R. Corey Waller, MD, MS, FACEP, DFASAM
Managing Director of the Institute of Addiction, HMA
 Subject Matter Expert



Shannon Robinson, MD, FASAM
Principal, HMA
 Subject Matter Expert

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DISCLOSURES

Faculty	Nature of Commercial Interest
Jean Glossa, MD, MBA, FACP	Dr. Glossa discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Shannon Robinson, MD	Dr. Robinson discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
R. Corey Waller, MD, MS, FACEP, DFASAM	Dr. Waller discloses he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Heaven Smith, MD, MPH (Curriculum Advisor)	Dr. Smith discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

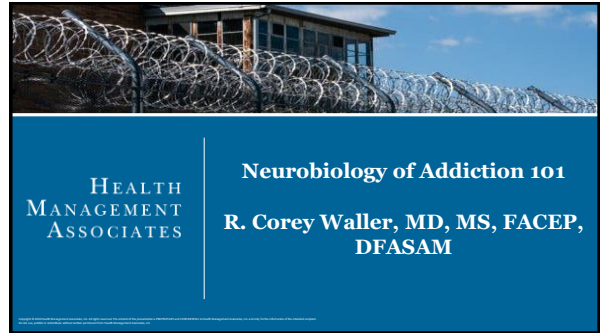
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LEARNING OBJECTIVES

- + Explain at least one principle regarding the neuroscience of addiction
- + Compare the data on starting medication while incarcerated to referring patients upon release from incarceration

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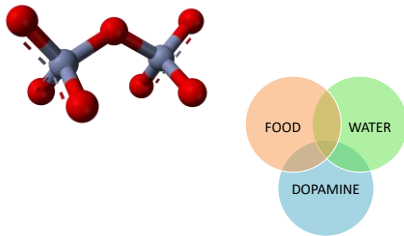
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Neurobiology of Addiction 101

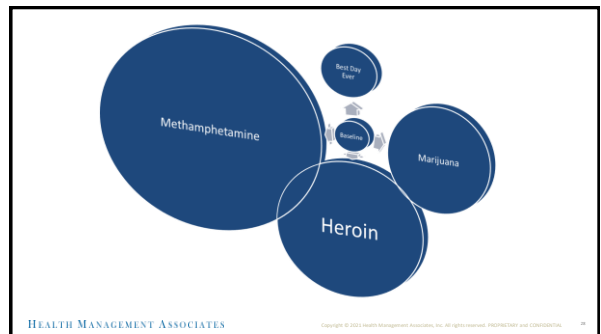
R. Corey Waller, MD, MS, FACEP, DFASAM

SURVIVAL



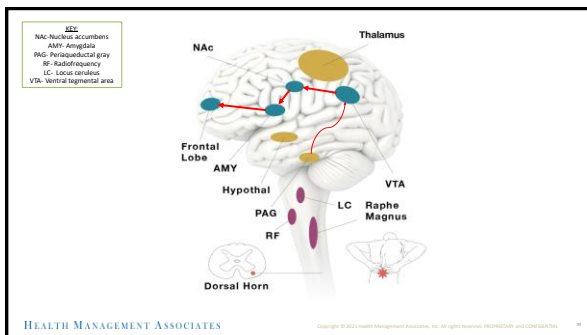
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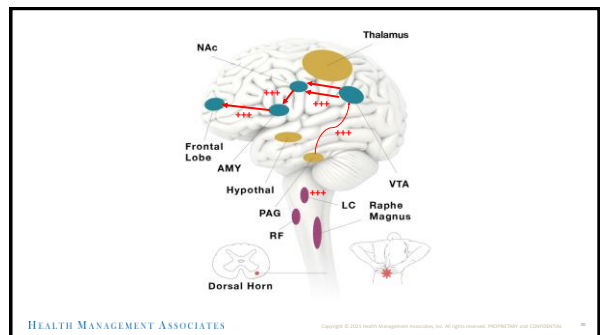
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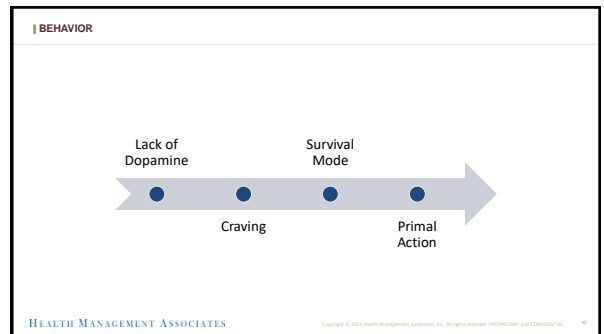
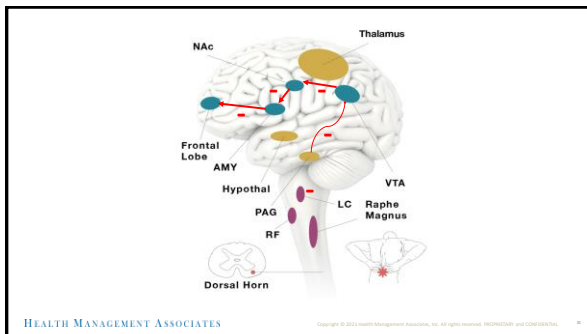
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DSM-V DIAGNOSIS OF OUD

Category	Criteria
Impaired control	<ul style="list-style-type: none"> • Opioids used in larger amounts or for longer than intended • Unsuccessful efforts or desire to cut back or control opioid use • Excessive amount of time spent obtaining, using, or recovering from opioids • Craving to use opioids
Social impairment	<ul style="list-style-type: none"> • Failure to fulfil major role obligations at work, school, or home as a result of recurrent opioid use • Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued use of opioids despite these problems • Reduced or given up important social, occupational, or recreational activities because of opioid use
Risky use	<ul style="list-style-type: none"> • Opioid use in physically hazardous situations • Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use
Pharmacological properties	<ul style="list-style-type: none"> • Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount • Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal

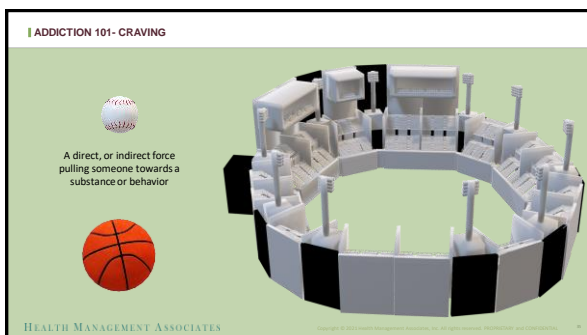
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WHAT IS CRAVING?

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- ### WHAT DOES THIS MEAN?
- + Once someone meets criteria for a substance use disorder, their ability to make a "decision" is not so simple.
 - + Medication for Opioid Use Disorder (OUD) is standard of care, period.
 - + It takes time and persistence to change the neurobiology of something that developed over many years.
 - + Sometimes we cannot change it at all.
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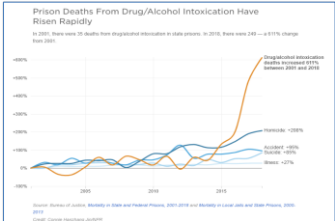
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Why treat in jails?

Shannon Robinson, MD
Fellow American Society of Addiction Medicine

NEW INFORMATION: CHANGES WITHIN CORRECTIONAL SETTINGS

- + Huge increases in overdose deaths
 - + 600% in prisons
 - + 200% in jails
- + Bureau of Justice Assistance effort underway to create Withdrawal Management Guidelines for Jails (2021)



Prison Deaths From Drug/Alcohol Intoxication Have Risen Rapidly
In 2019, there were 32 deaths from drug/alcohol intoxication in state prisons. In 2018, there were 248 — a 417% change from 2017.

Source: Bureau of Prisons, *Mortality in State and Federal Prisons, 2005-2018* and *Mortality in Local Jails and State Prisons, 2005-2019*. (Data courtesy: Quinlan)

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WHY TREAT DURING INCARCERATION?

- + Withdrawing opioid agonists leaves a patient in dopamine depleted state:
 - + Patients will focus on obtaining substances to increase dopamine and are
 - + Unable to focus on rehabilitation efforts
- + Morbidity & mortality while incarcerated decreased:
 - + Death associated with withdrawal, ODs, HCV, suicidality, violence, workman's compensation claims...
- + Decreased mortality upon release & reincarceration
- + Increased employment post release
- + Continuation of MAT (vs. forced withdrawal) leads to better outcomes
- + Starting MAT during incarceration leads to better outcomes than referral to treatment
 - + Increased treatment retention and decreased opioid use (Kinlock, 2009)
 - + 61% reduction in mortality post release (Greene, 2018)

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“Given that the medications are known to save lives, it is arguable that withholding them from persons with OUD is unethical, as withholding insulin or blood pressure medication would be.”

National Academies of Sciences, Engineering & Medicine, 2019

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REFERENCES

- + Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit <https://www.thenationalcouncil.org/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons/>
- + <https://addictionfreeca.org/Resource-Library/Expanding-Access-to-MAT-in-County-Criminal-Justice-Settings>
- + Treatment of Opioid Use Disorder https://www.asam.org/docs/default-source/quality-science/rpg-jamsupplement.pdf?sfvrsn=0053c2_2
- + Alcohol Withdrawal Guideline Management https://www.asam.org/docs/default-source/quality-science/the_asam_clinical_practice_guideline_on_alcohol_1.pdf?sfvrsn=b9355c2_2
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CASE STUDY from Fairfax County Jail (FFX)

- 41 yo male transferred from another jail 10 days before seen for initial H&P
 - HPI: I don't feel like myself, high level of cravings, trouble sleeping - some days too much vs other days not enough
 - Started using heroin at 18yo. Miss use 6g/ d, methadone for 2 y
 - Sober upon release from prison 2019; relapsed, became homeless
 - Most recently 5/2020 until 10/2020 used 3-4g/day; brother found him 10/2020 and he has been buying Subutex or using his uncles at Bmg QOD to BID
 - "Checked myself into jail" obtained Suboxone from other inmates, last used "2 weeks ago"
- Med/Psych Hx
 - N/O Depression
 - Left leg abscess 10/2020
 - Hand surgery years ago
 - Head surgery post MVA 2002
 - No meds, allergies
- PE/ Labs
 - Track mark on right side of neck
 - 3rd scar on anterior shin
 - Tox positive for buprenorphine
- Proposed treatment plan
 - Buprenorphine
 - Trisadone
 - Refer to Behavioral Health

Questions from Fairfax County:

- Why is UDS positive for Buprenorphine? He's been in FFX for 10days, he claimed his last use Buprenorphine was "2weeks ago".
- Do we need to order COWS since he's not in acute withdrawal? How to do Buprenorphine induction on him?
- Two weeks after he's on 16/4mg, he reported night sweats and insomnia, thinks he has withdrawal, built up tolerance to 16mg, wants to have another dose at night. Is tolerance common?
- How long should we keep him on Buprenorphine? He reported he has 10+yr sentences.

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