A dark blue silhouette of Washington County with a white, irregular border, positioned on the left side of the slide.

Medications for Opioid Use Disorder (MOUD) Program

Washington County Jail

Presenters



Sean Young-Stephens



Suzy Strubel

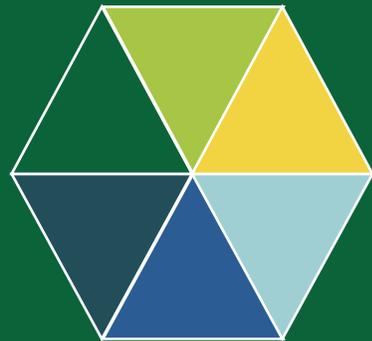


Steve Delisi, MD

MOUD Program

- Background
- Program Description
- Implementation Strategies

Background



MORE Project

Mental Health | Opioids | Re-Entry



Community
Services



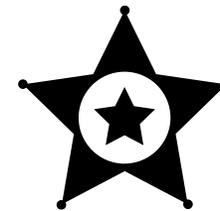
County Attorney



Community
Corrections



Public Health
and Environment



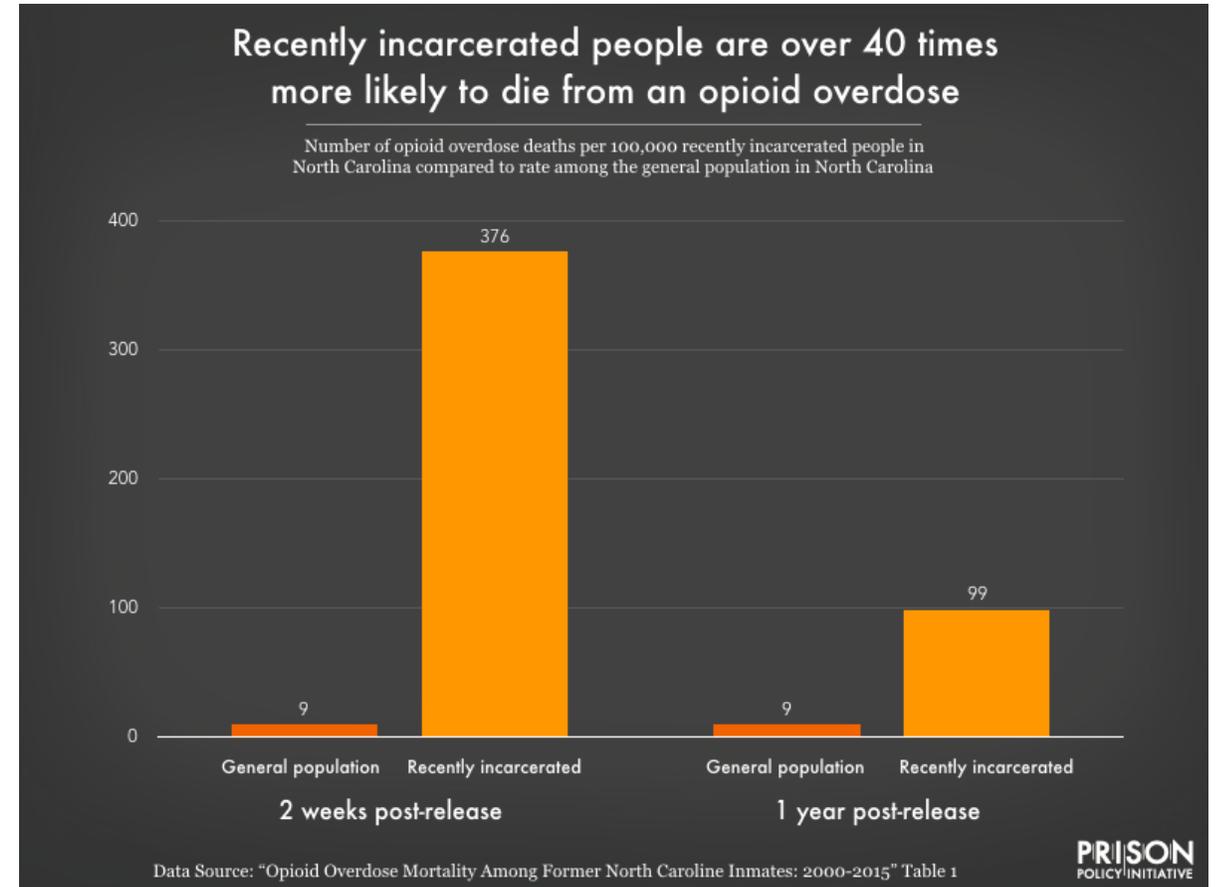
Sheriff's Office



Hazelden Betty
Ford Foundation

Jail Population

- Extremely high risk for overdose and death after release from a correctional setting
- Marginalized racial/ethnic groups overrepresented in justice-involved populations



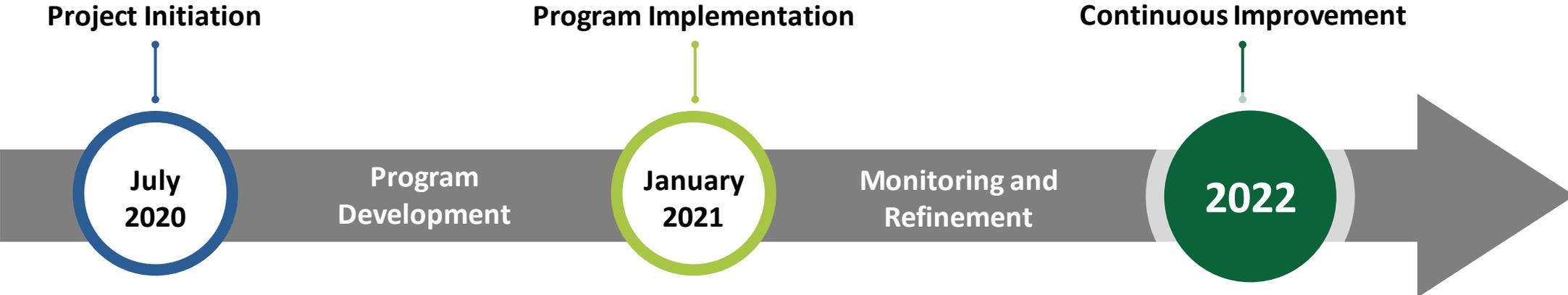
Benefits of Correctional MOUD Programs



- **Saving lives** by preventing overdose
- Reducing recidivism
- Increasing support for a marginalized population

Washington County Jail MOUD Program

MOUD Implementation



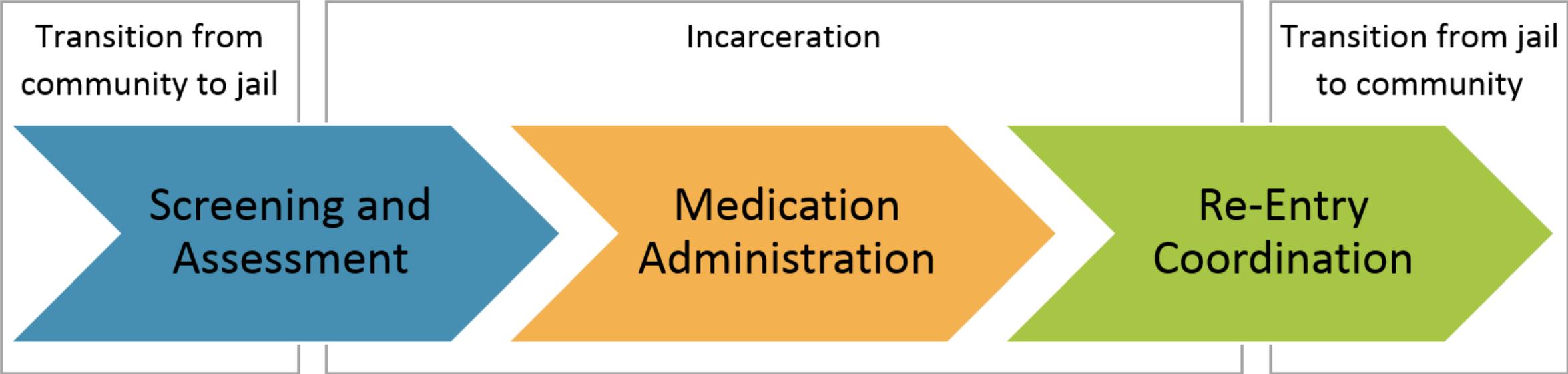
First Year of the MOUD Program



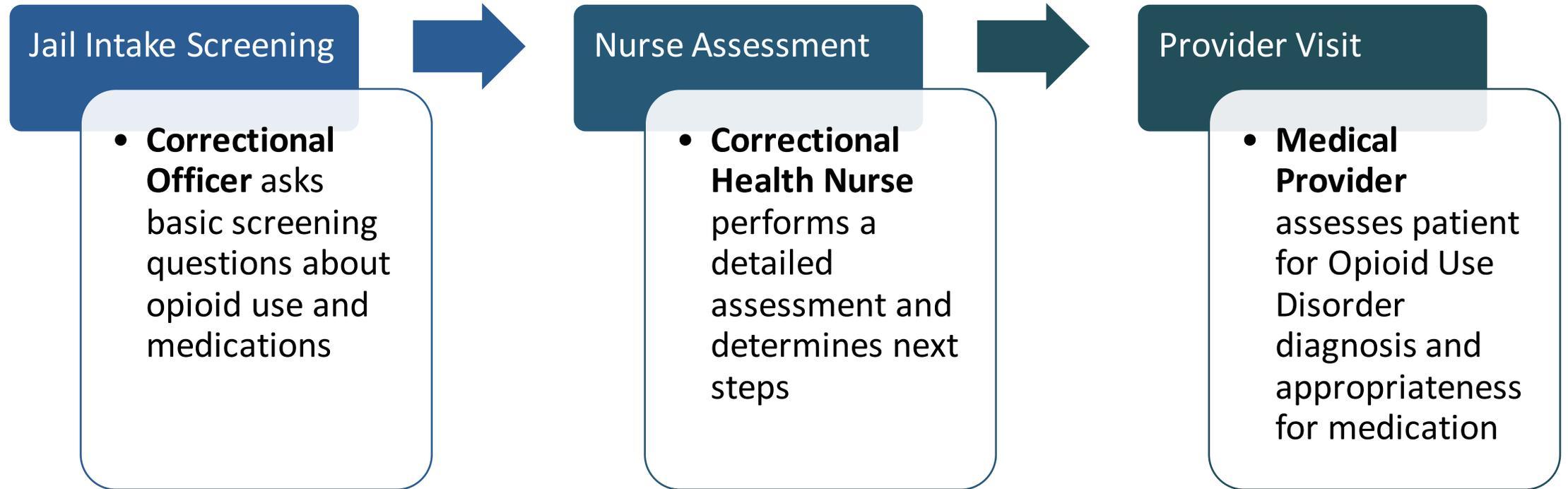
During the first year of the program's operation, an estimated total of 5,790 MOUD doses were provided to 121 individual people at 140 different jail stays.

These medications, alongside the supplementary services provided to MOUD Program participants, substantially increase the support for people with Substance Use Disorders in the Washington County Jail population.

MOUD Program Workflow



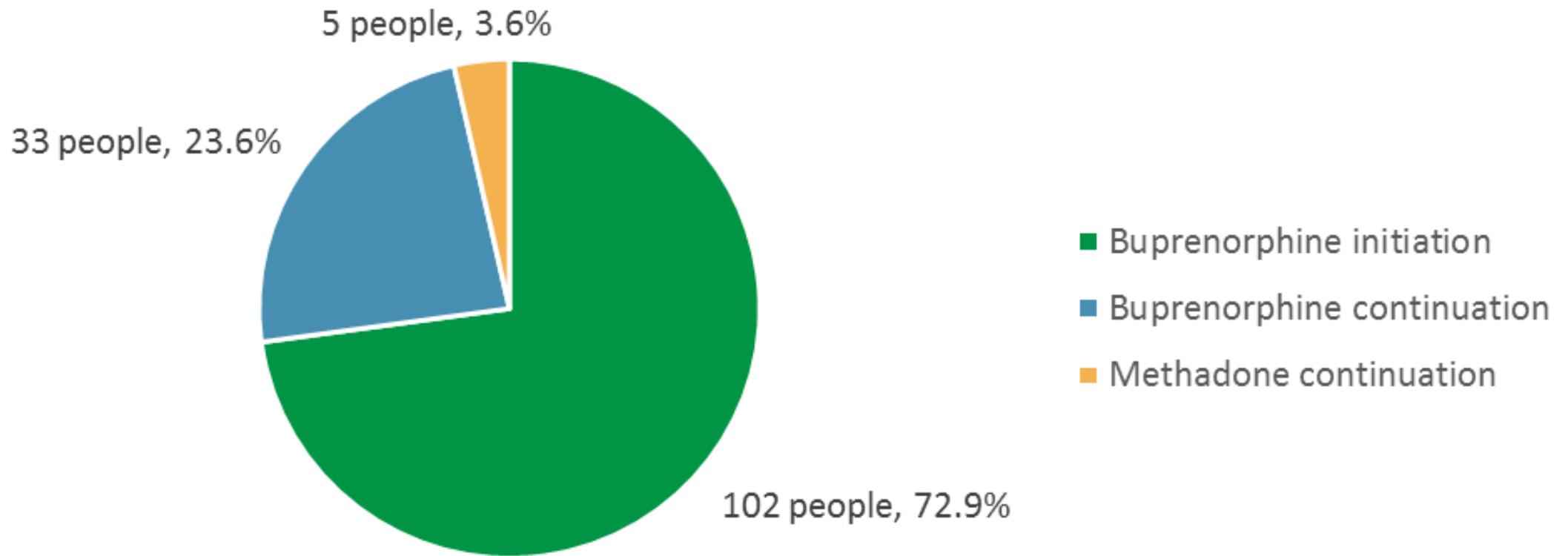
Screening and Assessment Process



First Year by the Numbers

- 3,407 Washington County Jail bookings in 2021
- 773 people (22.7%) answered yes to a screening question at booking
- 168 people (4.9%) completed a MOUD nurse assessment
- 150 people (4.4%) completed a MOUD provider visit
- 140 people (4.0%) received medications through the MOUD Program

Type of Treatment Provided

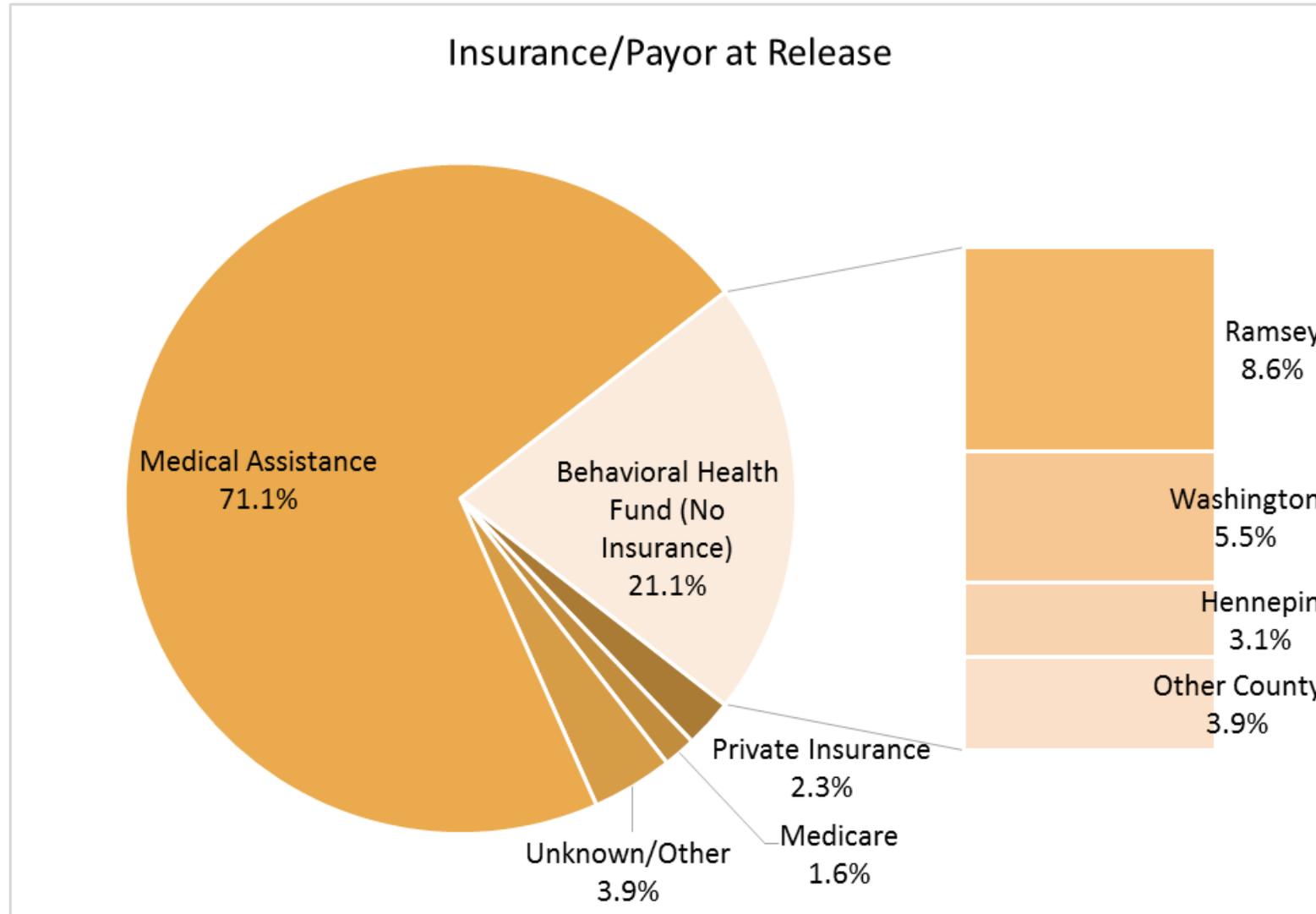


Re-Entry Coordination and Supplementary Services

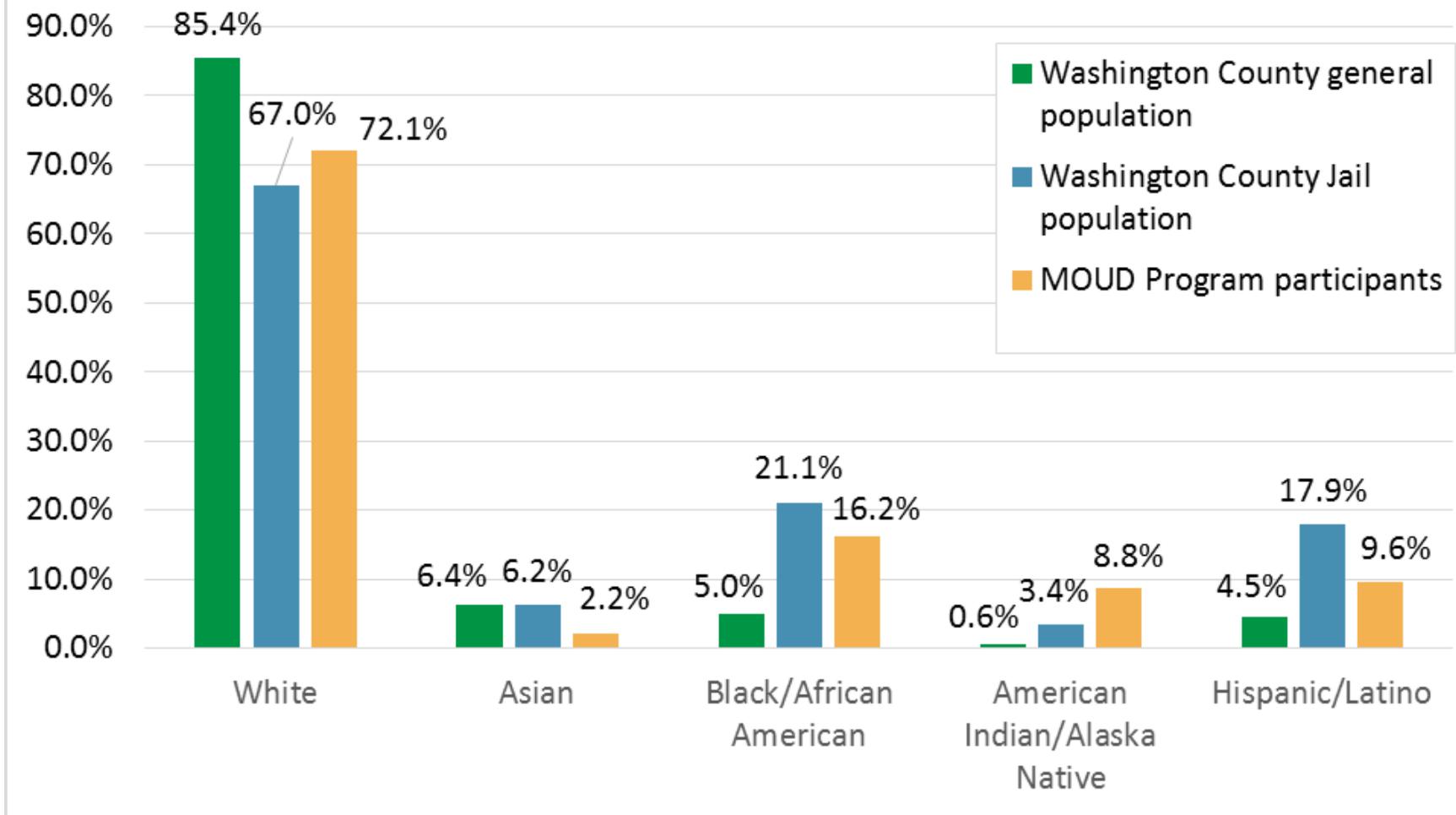
- Social Workers complete chemical health assessments with program participants and work with community treatment providers to arrange continuation of treatment services upon release.
- The Correctional Health Nurses provide a bridge supply of medications and a naloxone kit to program participants upon release.
- The Re-Entry Assistance Program provides additional re-entry support.

First Year by the Numbers (Continued)

- 128 people referred for chemical health assessments
- 96 people (75.0%) completed chemical health assessments (or already had services in place)
- 85 people (66.4%) were referred to a community treatment provider upon release
- At least 123 people (96.1%) had insurance (or equivalent services) in place at release



Race/Ethnicity Distribution



Biggest Limitations of MOUD in the Jail

- **Short lengths of stay** – over 60% of 2021 jail stays were for less than 72 hours
- **Inability to continue MOUD upon release** – most correctional facilities and many treatment providers do not support MOUD

Funding

The MOUD Program is funded fully or in part through the State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Minnesota Department of Human Services (MN DHS). Nothing in this presentation constitutes a direct or indirect endorsement by SAMHSA or the MN DHS of content, services, or policies.

Personal Success Story

This individual had been cycling in and out of jail for years, and had a history of overdoses and homelessness. At the time he was incarcerated and participated in the MOUD Program, he didn't have winter clothing, and didn't have stable food or housing available after release. At this difficult and unstable moment in his life, multiple Washington County partners stepped in to provide support. As he approached his release date, he had treatment arranged in the community, and received access to clothing and food resources. When a COVID situation complicated his release plan, the team stepped in again to arrange temporary housing to bridge the gap until he was cleared to enter treatment. The individual was in treatment at the time this story was shared.

Strategies for Success

Begin in Conversation



- Process begins with a conversation
- Consistent with assessing Stages of Change
- Assess:
 - Where is the group along the continuum of SUD as a “choice” and/or “bad behavior” that should be punished to SUD as a disease that can and should be treated
 - Where are individuals along the same continuum
 - What experiences (personal or professional) do people have with SUD and recovery
 - Are there any potential **Champions** (and who might be sources of barrier)

Our Goals Color the Context

- Important to acknowledge what goals we have for the process end point (list not inclusive of all options)

- To save lives
- To promote abstinence
- To reduce risky use
- To enhance engagement
- To improve employment
- To reduce incarceration rates
- To promote recovery – various definitions
- Combination of one or more of all the above



- Our goals and starting point will markedly influence the nature of our approach and conversation
- Mutual respect during the conversations is crucial

Education is Rarely Compelling

- Education and the use of person-first language is important in reducing stigma, but education alone is rarely compelling to those who are firm in their stance/bias
- At the start of the conversation, people are often not able to acknowledge or recognize their own biases and stigmatizing language
- We need to share stories of healing and recovery and gently, but unwaveringly, introduce the science of SUD and person-first language



Sharing Stories is Compelling

- Listen to each other's stories and be willing to tell your story with vulnerability. It is in the sharing of stories that people start to hear some "common ground"
- Mutual respect, while holding firm to the truths of the science of SUD and evidence-based treatment options
 - Do not, and should not have to "soft-sell" evidence-based treatment options, especially medications
- Very important to have individuals in recovery share their stories as well – stories of success and healing from different pathways of recovery



Persistent, Consistent, and Available

- Education will need to be provided to everyone and often repeated multiple times
- Find your **Champions** and train them first
 - Equip them in a Train the Trainer model
- Ensure that language and information is consistent and accurate
- Follow up the education and training with ongoing consultation and support

