NC Department of Health and Human Services

NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)
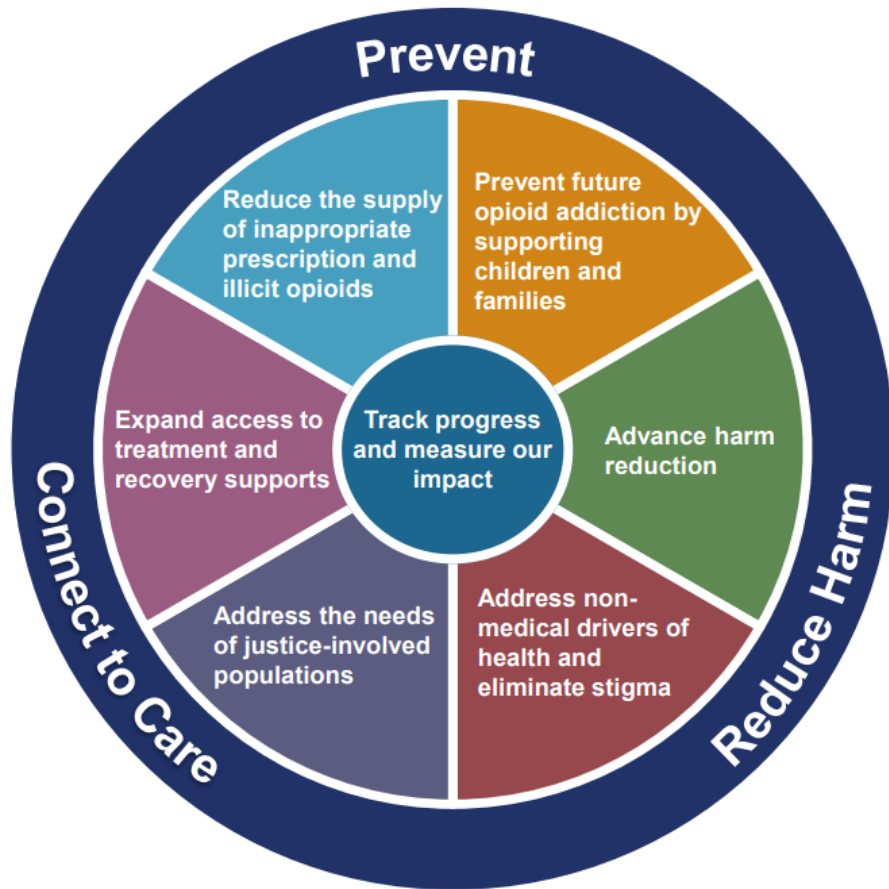
December 11, 2020

Welcome to OPDAAC!

- We will start promptly at 10:00AM!

- For questions during the meeting:
  - Please put your questions in the chat box, which will be monitored for the duration of the meeting.
  - If you would like to ask a question to a specific presenter, please be sure to include their name in your question.

- The meeting recording, agenda and PowerPoint slides will be added to our NC DHHS Opioids/OPDAAC page
  - https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/nc-opioid-and-prescription-drug-abuse-advisory
  - Please note, it can take up to 7 days for materials to be posted to the website. An email will be sent out to all attendees once materials have been posted.

DHHS Justice-Involved Program Updates and Funding Opportunities

Elyse Powell

Opioid Action Plan 2.0

Prevent

Reduce the supply of inappropriate prescription and illicit opioids

Prevent future opioid addiction by supporting children and families

Expand access to treatment and recovery supports

Track progress and measure our impact

Advance harm reduction

Address the needs of justice-involved populations

Address non-medical drivers of health and eliminate stigma

Reduce Harm
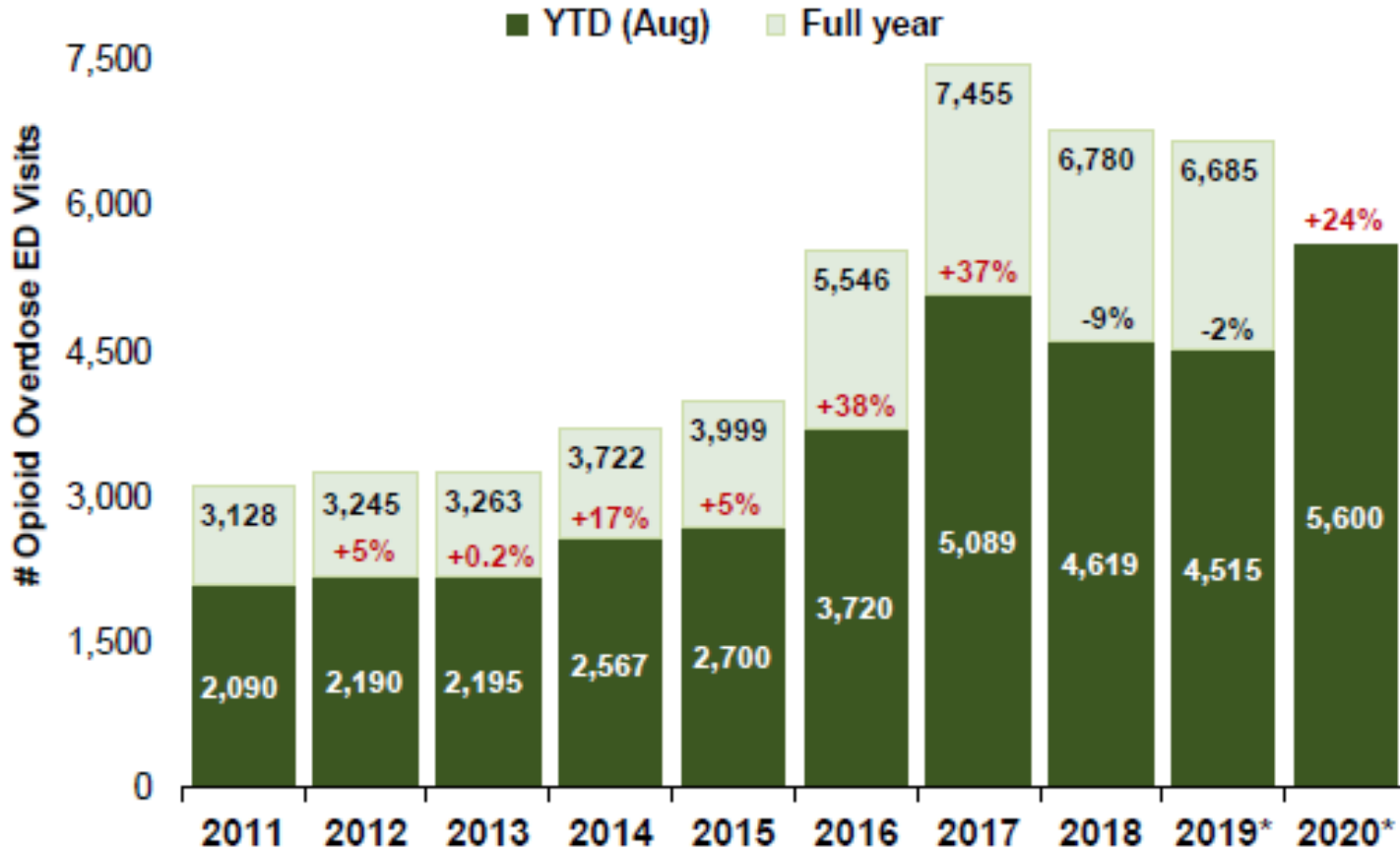
Connect to Care

Connect to Care

AN ESTIMATED **89% OF PEOPLE DON'T RECEIVE** THE SUBSTANCE USE DISORDER TREATMENT THEY NEED.

PEOPLE ARE **40 TIMES MORE LIKELY TO DIE OF AN OVERDOSE** IN THE TWO WEEKS POST INCARCERATION THAN THE GENERAL POPULATION.

In 2020, there was a <u>24% increase</u> in opioid overdose ED visits

Note: All intents opioid overdose cases within ICD10CM codes (T40.0-4, T40.6, T40.69), initial encounters only.
Source: NC DETECT ED Visits, provisional data 2019-2020.

Forecasted Grant Opportunities

- **Opioids & COVID-19: Supporting Justice-Involved Individuals with SUD during COVID-19**
  - Due **December 15th**
    - Create and expand pre- and post-arrest diversion programs Create re-entry programs
    - OR they may apply for to act as a technical assistance provider

- **Bureau of Justice Assistance's Comprehensive Opioid Abuse Program (COAP) grant.**
  - Will be posted **Mid-January**
    - Pre-arrest or pre-conviction diversion programs
    - Comprehensive jail-based medication assisted treatment programs that provide medication assisted treatment (MAT)
    - Overdose prevention education and naloxone distribution programs

The Sequential Intercept Model and Sequential Intercept Mapping

Bob Kurtz

What I'll discuss

- The Sequential Intercept Model
  - Its history and development
  - A tour of the various stages in the model and some examples of interventions at each stage
  - How it can be used as a planning tool through Sequential Intercept Mapping
  - How might SIM be used to address the opioid crisis?
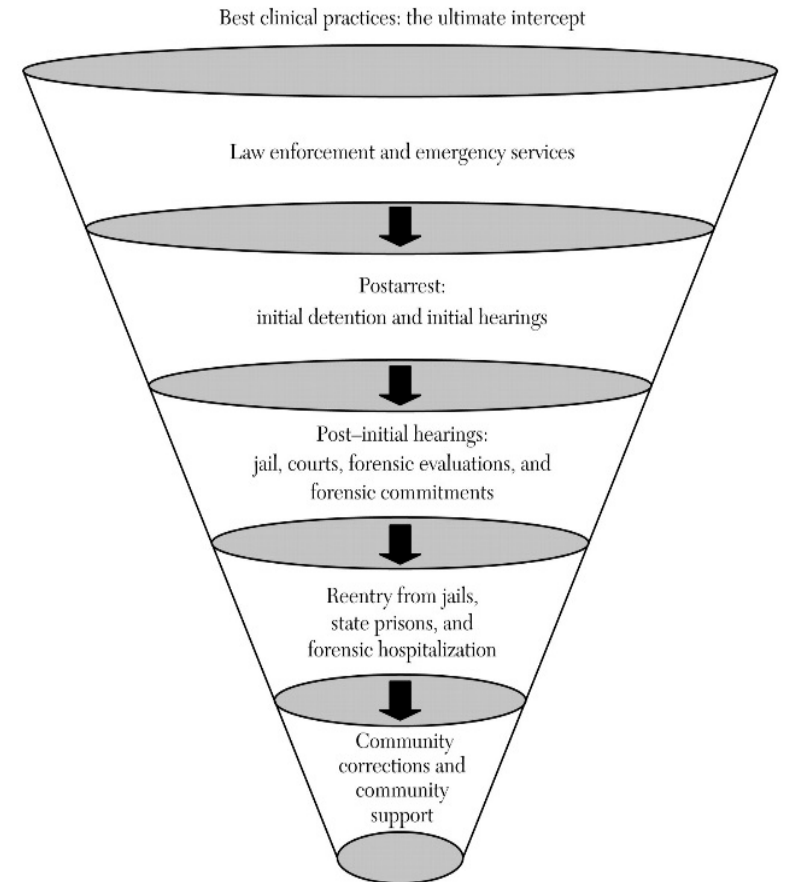
Background

- High rates of people with behavioral health disorders in jail, especially MI/SUD.

- Problems result when they end up in jail but don't really belong there.
  - Treatment may be delayed
  - Coordination of care may be difficult
  - Often cycle of repeated arrests and incarceration that uses scarce resources for no good outcome
  - Sets back recovery gains
  - Are a risk for the county (suicide, COVID-19, lawsuits, etc.)

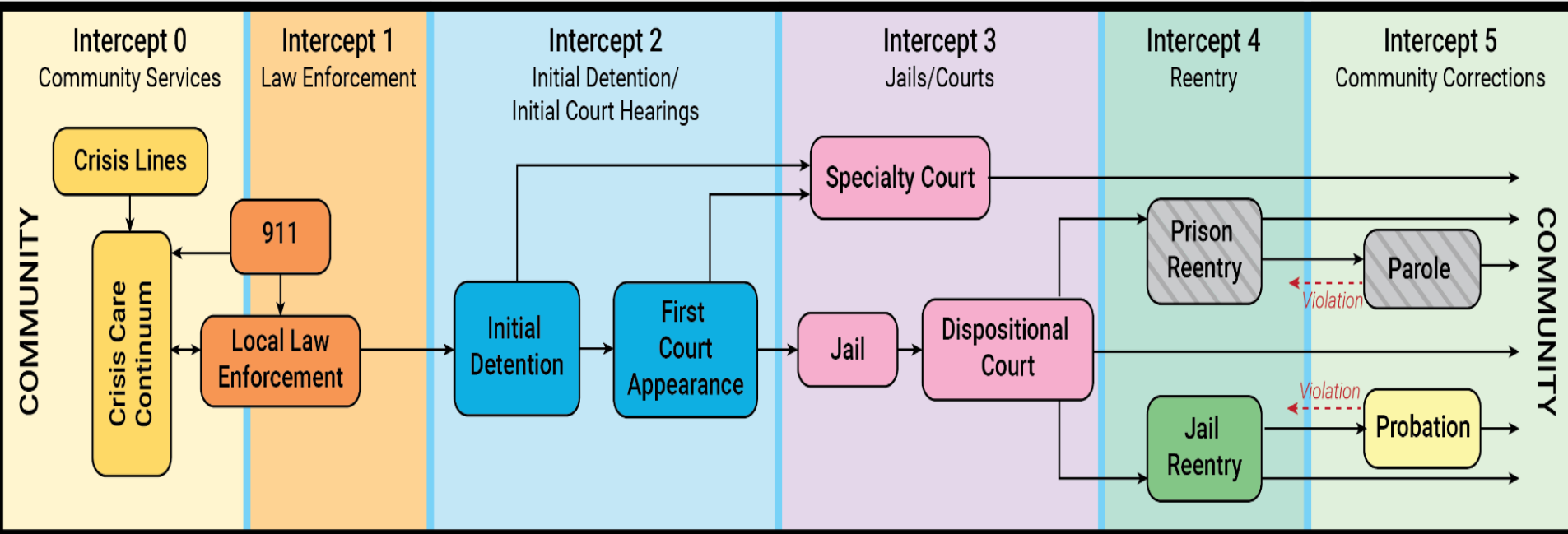# Sequential Intercept Model as a Series of Filters

- **Intercept 0:** Community crisis services

- **Intercept 1:** Law enforcement and emergency services

- **Intercept 2:** Post-arrest & initial hearings

- **Intercept 3:** Jails & Courts

- **Intercept 4:** Re-entry from Jail

- **Intercept 5:** Community Corrections - Probation & community support

Figure 1
The Sequential Intercept Model viewed as a series of filters

Best clinical practices: the ultimate intercept

Law enforcement and emergency services

Postarrest: initial detention and initial hearings

Post–initial hearings: jail, courts, forensic evaluations, and forensic commitments

Reentry from jails, state prisons, and forensic hospitalization

Community corrections and community support

Sequential Intercept Model

© 2016 Policy Research Associates, Inc.

Intercept 0: Community Services

- Mobile crisis teams and co-responders

- Police-friendly crisis services

- Behavioral health providers cross-trained in working with justice-involved individuals

- Walk-in crisis centers

- Behavioral health urgent care centers

- Facility-based crisis centers
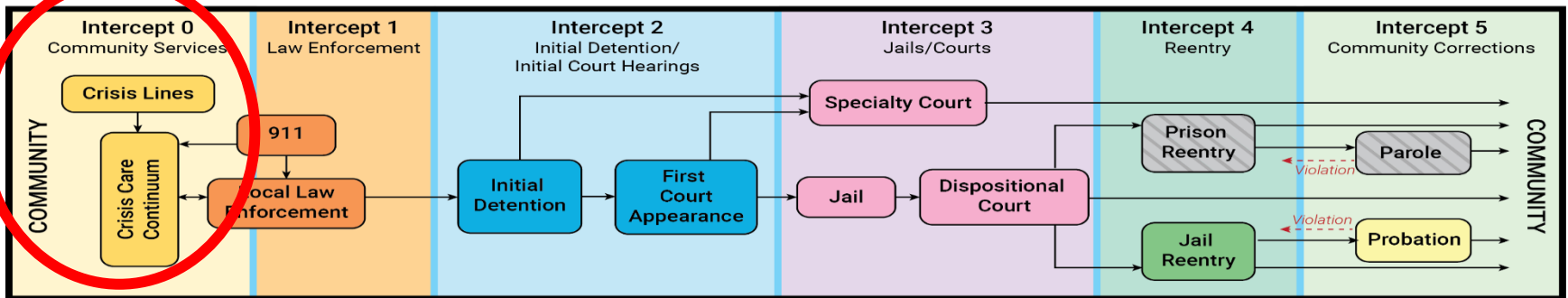
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# Intercept 1: Initial Contact with Law Enforcement

- Dispatcher training

- Specialized police responses
  - Law Enforcement Assisted Diversion (LEAD)
  - Crisis Intervention Teams (CIT)

- Intervening with "super-utilizers"

- Providing post-crisis follow-up
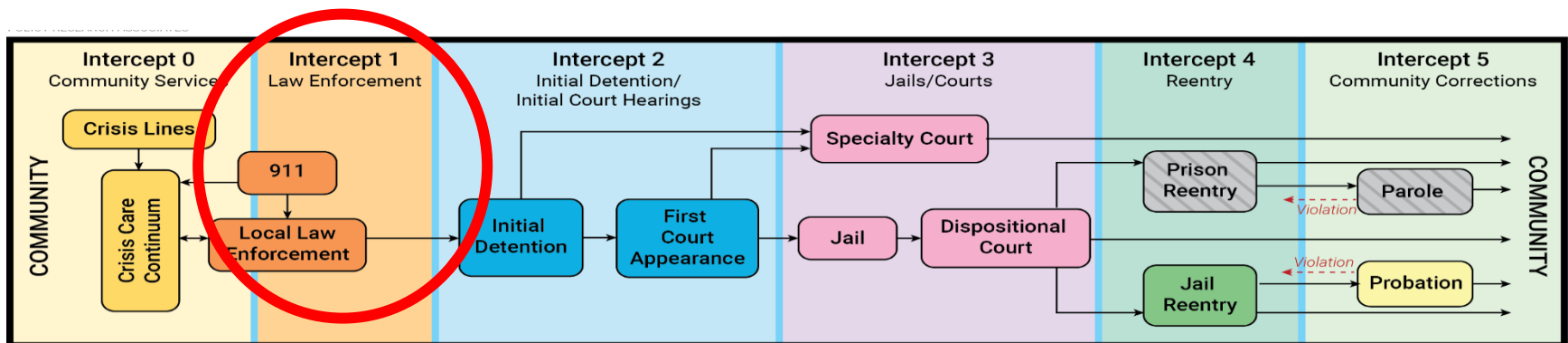
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# Intercept 2: Initial Hearing / Appearance in Court

- Screening for mental illness and substance use d/o

- Pre-trial supervision and diversion to reduce episodes of incarceration for low level offenders

- Data matching initiatives between jail & community (CJ LEADS).
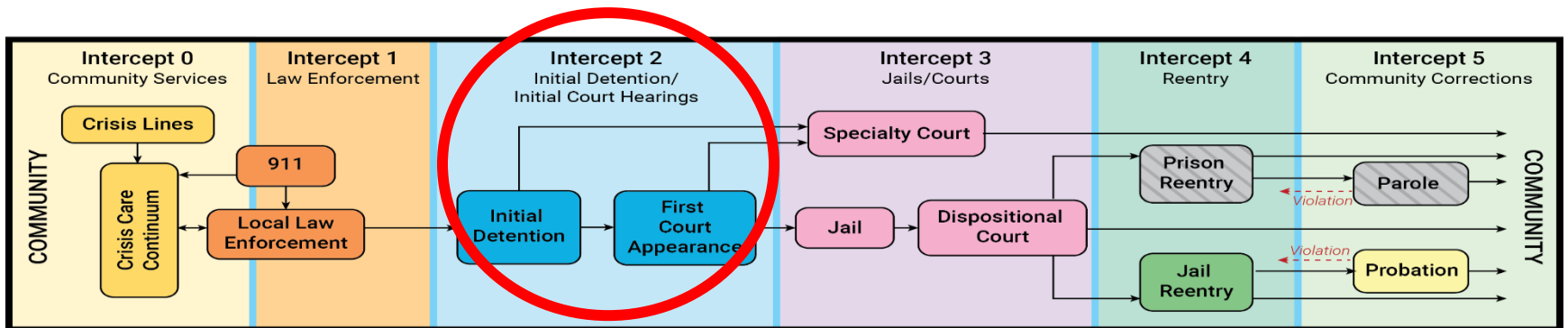

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Intercept 3: Jails and Court

- Jail-based programming and behavioral health care
- Treatment courts for high-risk / high-need individuals
- Collaboration with veteran's justice outreach specialists
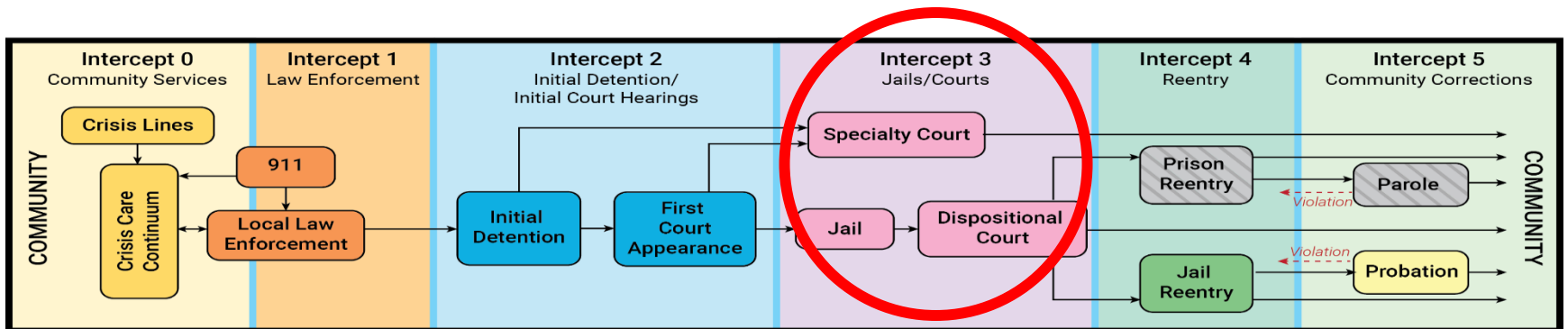
Intercept 4: Re-entry from Jail

- Transition planning by the jail or in-reach providers
- Medication and Rx upon release from jail or prison
  - Including Medication Assisted Treatment (MAT) for OUD
- Warm hand-offs from corrections to providers to increase likelihood of service engagement
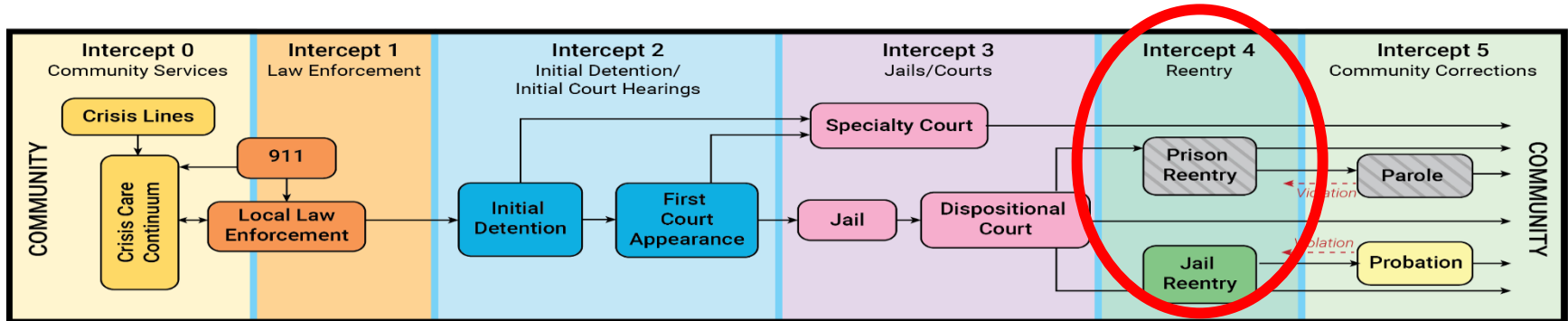
Best Practice Models for Transitioning from Jail to Community

Transition from Jail to Community The Initiative
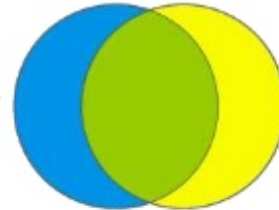
The TJC Model for Building a Jail-to-Community Transition System

Partnering for Jail Re-Entry Services Seminar
Orlando, Florida
June 13, 2013

NIC
National Institute of Corrections

THE URBAN INSTITUTE
Justice Policy Center

http://www.urban.org/sites/default/files/complete_toolkit_dec_2013_0.pdf

Intercept 5: Community Corrections

- Specialized Mental Health Probation

- Medication-assisted treatment for persons re-entering from prison

- Forensic Assertive Community Treatment (FACT)

- Access to recovery supports, benefits, housing, and employment
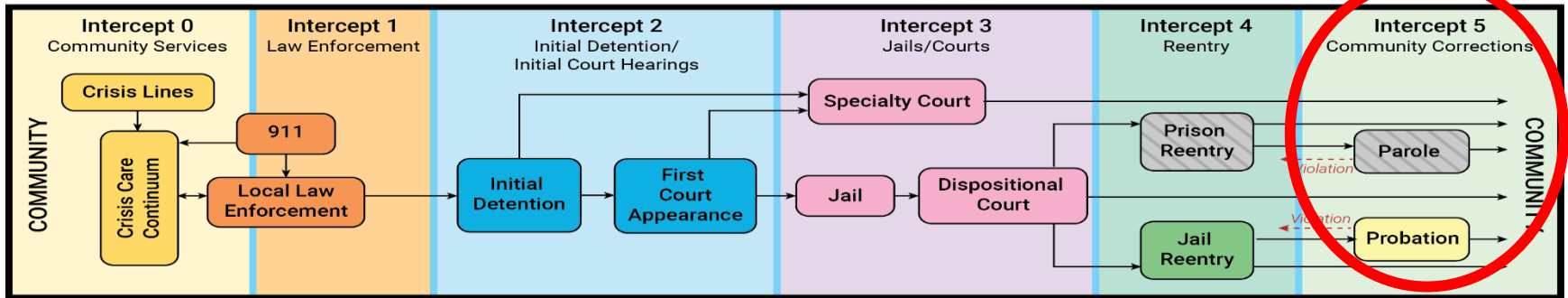
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The Need to Address Racial Disparities in Admission to CJ Diversion programs
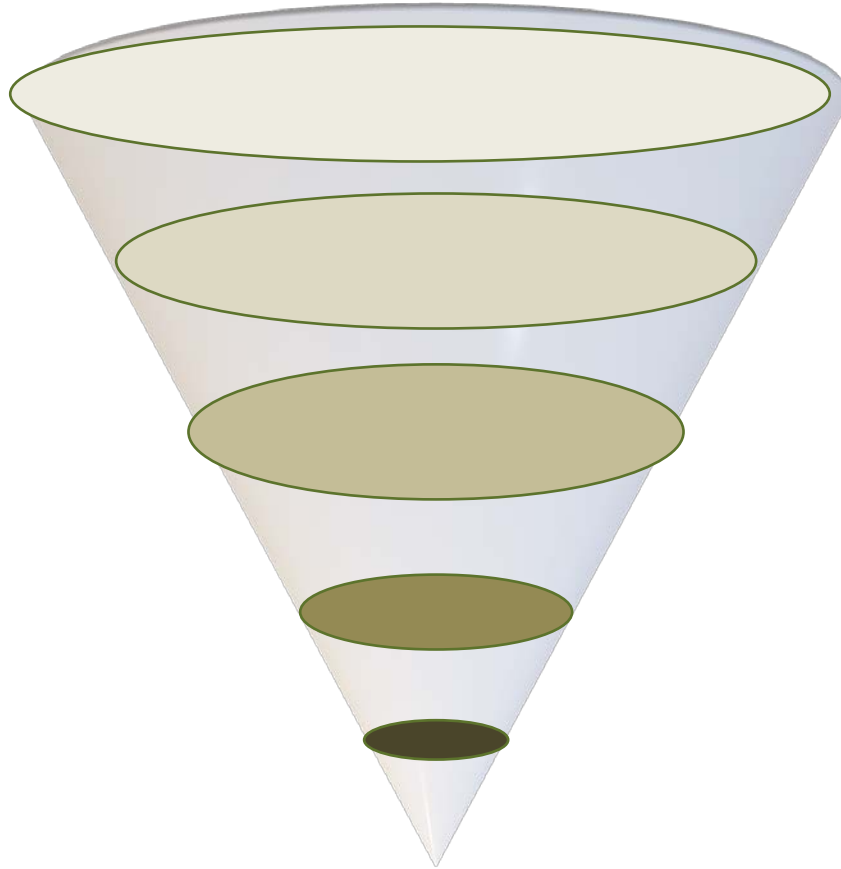
Sequential Intercept Mapping:

- What it is.

- How it works.

- Who does it.

Sequential Intercept Mapping Workshop

I. Developed by Policy Research Associates (PRA).
  o Uses PRA process, tools, and materials.
II. Led by trained, knowledgeable facilitators
III. Involves a local community collaboration coming together for 1 ½ days
  o Develop a map of the local MH/SA/CJ & crisis systems
  o To methodically examine each level of the CJ system to identify
    • Opportunities for diversion
    • Gaps to be filled
    • Resources that could be tapped
  o To set priorities
  o Develop an actionable plan
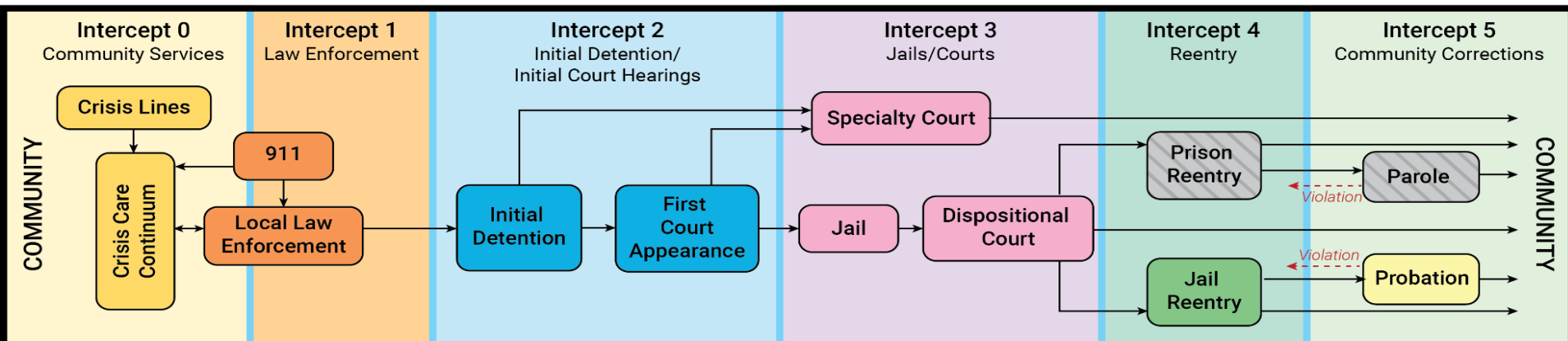
The Process

- Preparation – Community collaboration questionnaire

- Pre-workshop planning

- The 1 -1 ½ day workshop with all key players present
  - Helps everyone see the "big picture" and how they fit within it
  - Helps diverse groups from various systems understand where/ho everything fits

- Gather information about each intercept
  - Descriptive information and data
  - Identify gaps and identify opportunities

- Build a systems map of your local community.

- Develop consensus about priorities.

Collaboration Across Systems is Critical: We All Have a Piece of the Puzzle
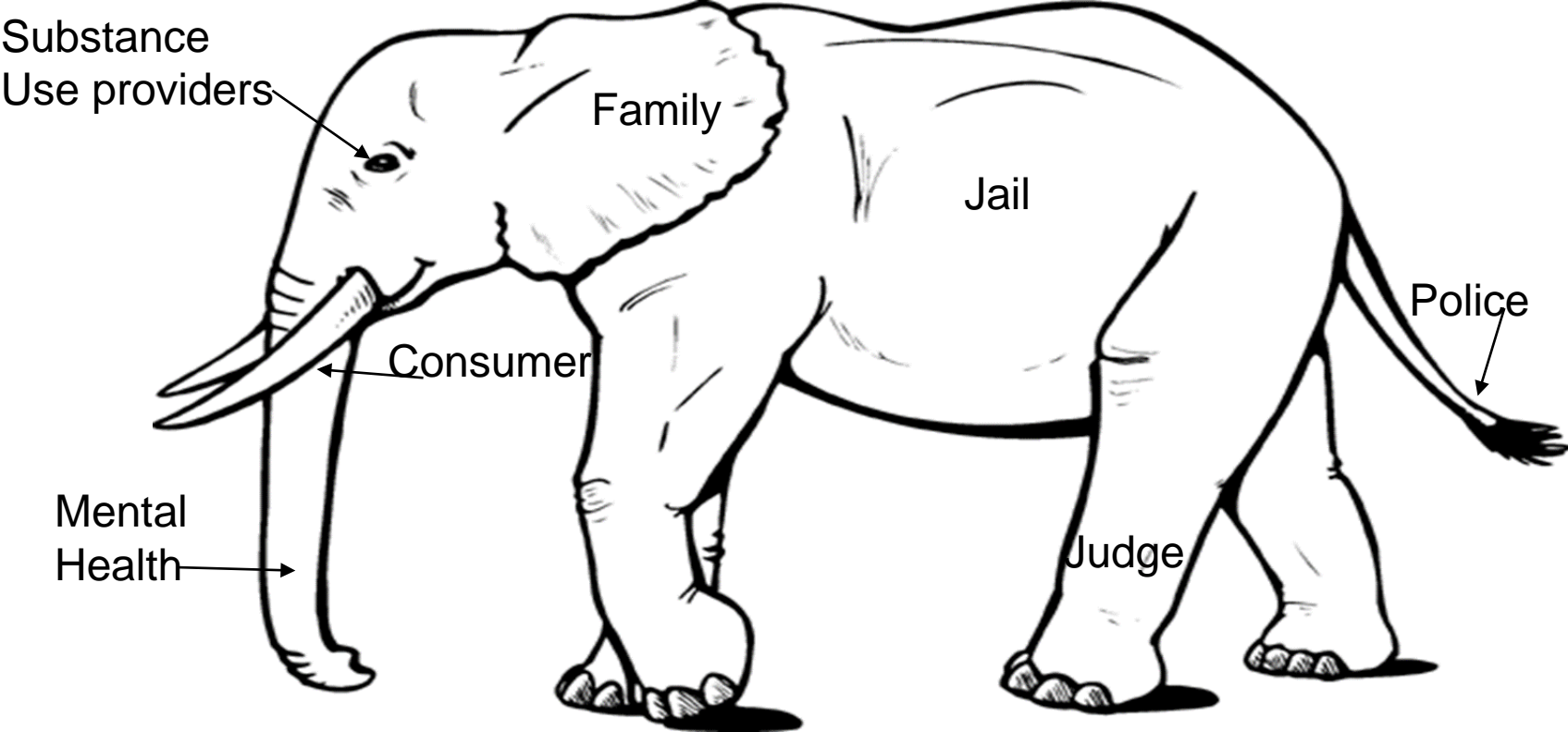
Sequential Intercept Map – Example
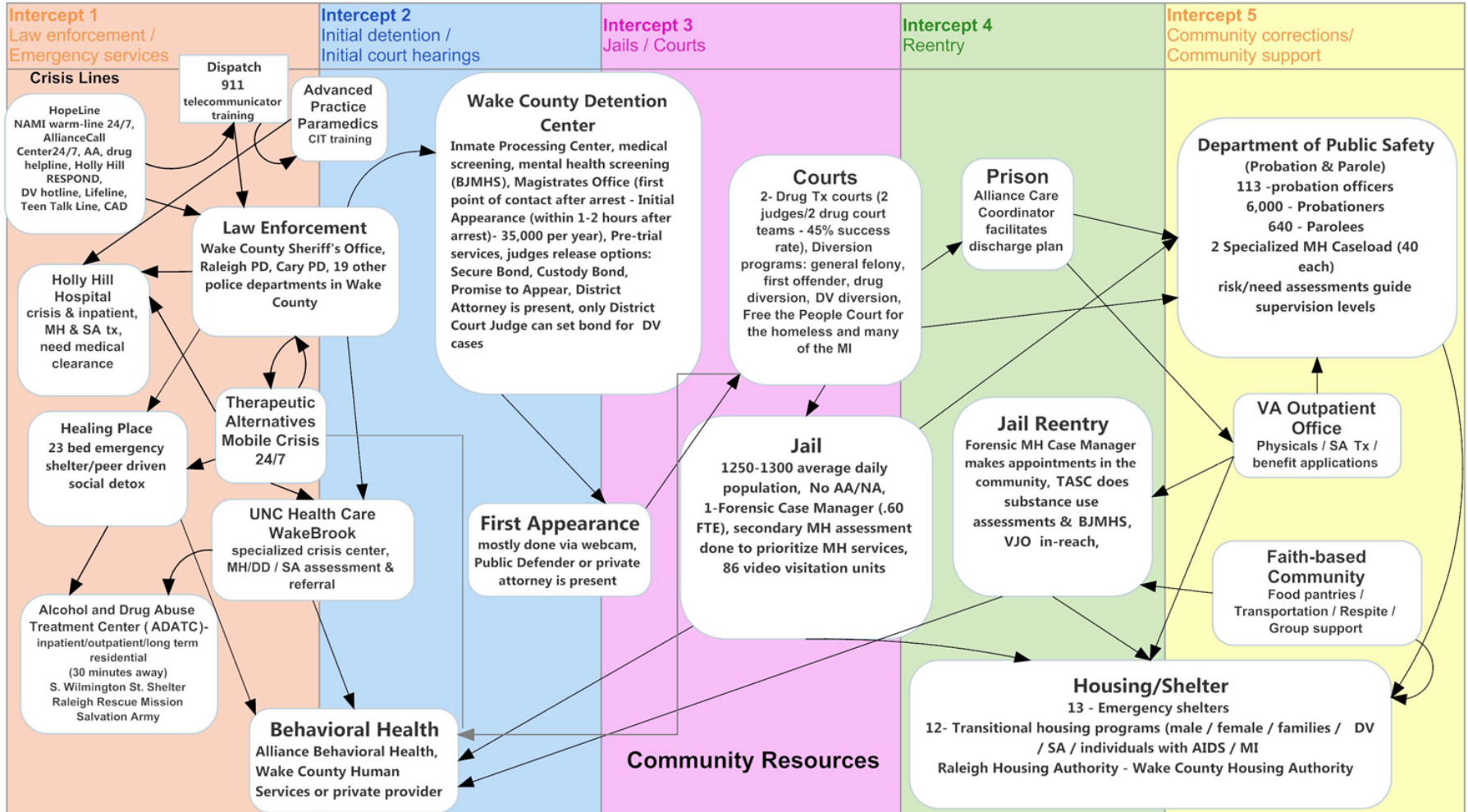
Action Planning

Priority Area			
Objective	**Action**	**Who**	**When**

The End Result

- An analysis of resources and gaps at each intercept.

- A sequential intercept map of your local system.

- A written report that includes:
  - A detailed and actionable plan agreed upon by all partners.
  - Clear priorities for where to begin.

Where Sequential Intercept Mapping has occurred in North Carolina

Legend:
- Where NC SIM is planned ------ (gray)
- NC SIM has occurred ------------ (blue)
- PRA led SIM has occurred ------ (green)
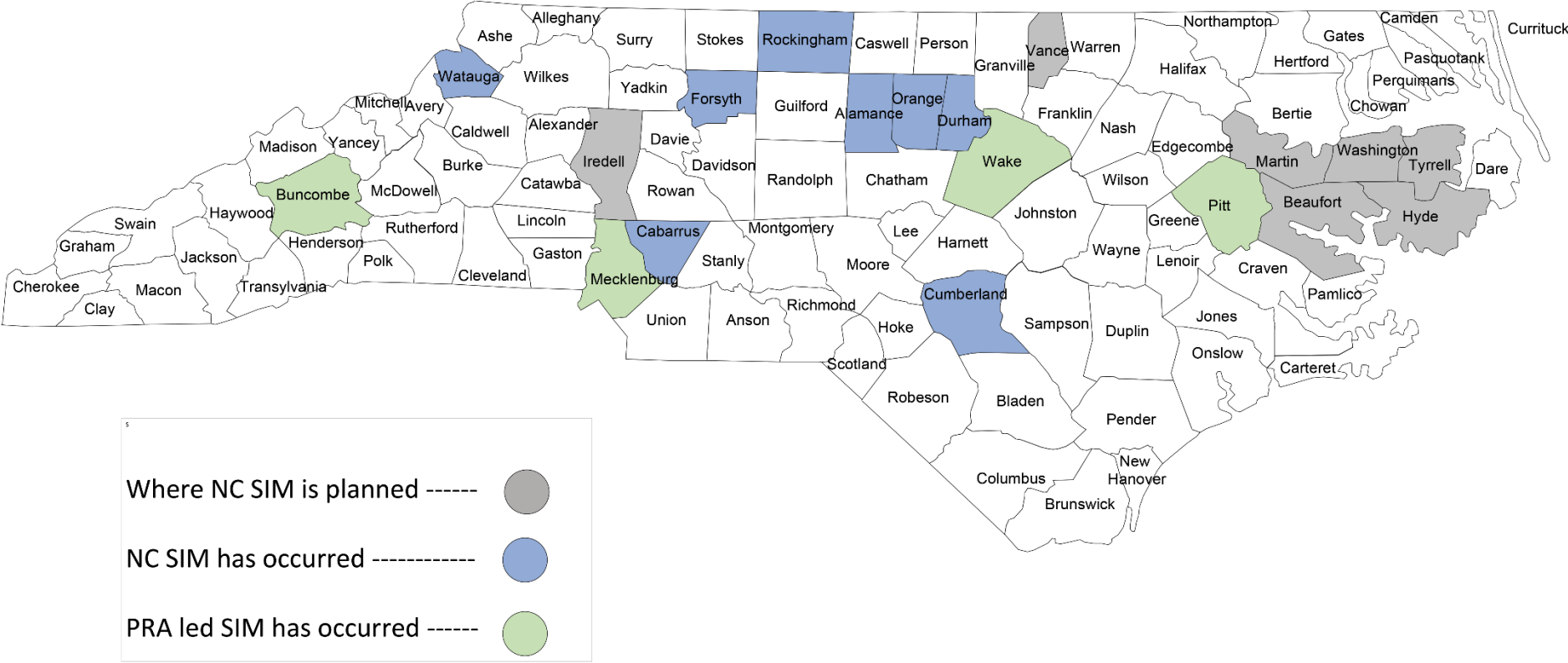
Sequential Intercept Mapping (SIM) to address the opioid crisis

SOLICITATION FOR APPLICATIONS

Sequential Intercept Mapping Workshops to Develop Comprehensive, Community-wide Strategic Plans for Addressing Opioid Use

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY TO ENSURE THAT WE HAVE SUFFICIENT BACKGROUND INFORMATION ON YOUR COMMUNITY AND THAT THE APPROPRIATE LEVEL OF COMMITMENT AMONG KEY STAKEHOLDERS IS CLEARLY DEMONSTRATED.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE RETURN THIS APPLICATION VIA E-MAIL OR POSTAL MAIL BY December 20, 2019:

Attn: Matthew Robbins, Training Coordinator
E-mail: mrobbins@prainc.com
Phone: 1.800.311.4246 or 518.439.7415 Ext. 5234

SAMHSA's GAINS Center
Policy Research Associates, Inc.
345 Delaware Avenue
Delmar, NY 12054

Two Objectives of SIM to address the Opioid Crisis

1. To encourage counties to organize their efforts within a cross-system, shared infrastructure that is driven by a common vision; and

2. Assist counties in selecting priorities to guide local efforts, based on evidence-based or best practices.

Key Differences between SIM for SPMI and SIM for Opioids

- − Opioid SIM places greater emphasis on "intercept 0" and focuses on regulation
- − SIM for Opioids and SIM for SPMI have different goals.
  - • SIM for opioids aims to reduce opioid overdose deaths.
  - • SIM for SPMI aims to reduce their CJ involvement
- − Addresses biases about people with opioid use disorder. Includes a training component in which addiction as a brain disease is articulated.
- − Critical role of medication-assisted treatment (MAT) is stressed
- − Different stakeholders may be invited

Status of Opioid-focused SIM in NC

- SIM is a proprietary product developed and owned by PRA. We have about 20 people state-wide trained by PRA on providing SIM workshops, but none who've delivered opioid-focused SIMs.

- PRA has developed and is marketing an opioid focused SIM.

- PRA is developing a Train-the-Facilitator training on Opioid-focused SIM.

RESOURCES

For information on the Stepping Up Initiative: https://stepuptogether.org/

Council on State Government's Justice Center: https://csgjusticecenter.org/

Policy Research Associates: https://www.prainc.com/what-is-jail-diversion/

To arrange for Sequential Intercept Mapping in your community: NC.SIM@dhhs.nc.gov.

Sequential Intercept Mapping: Developing systems-level solutions to the opioid epidemic. https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800192

Robert Kurtz, Ph.D. at   Bob.Kurtz@dhhs.nc.gov

Panel: The Sequential Intercept Model at Work in NC and How COVID-19 has Affected SIM

Margaret Bordeaux

Strategic Community Opioid Response (SCOR)
Detention Facility
Medication Assisted Treatment (MAT) Program

Sheriff Quentin Miller & Sarah Gayton

County Demographics

Population: 262,939 (2020) Area: 660 mi²
Federal Classification: Urban (Prolific rural communities)
6 Municipalities
11 LEO organizations (Municipalities, Education Campuses, Airport, BCSO)
2 Prisons; 1 Detention Facility

Detention Facility

Location: Downtown Asheville – City Center/Court Complex
604 Beds (Male and Female)
Average Daily Population: 560 Pre-Covid-19
Average Daily Population: 380 Current
Bookings 2019: 11,289 Bookings Year to Date: 8,020 (12/7/20)

- ❑ + 94 arrests/month reporting opioid/MAT use (66 unique persons)
- ❑ + 25 arrests/month reporting MAT use (20 unique persons)

Buncombe County Detention Facility (BCDF) and Death Records Analysis 2019

- 63% of registered opioid-related deaths had a detention booking history

- 54% of the above died within 1 year of release

- 22% died within 3 months of release

- 51% of bookings, were detained less than 24 hours

Data Findings

Averages from 14 months of data (July 2019 - August 2020)

❑ **MAT Average Length of Stay (Continuation Population)**
- 17% released within < 1 day
- 31% released within < 48 hours day
- 51% released within 3 days

❑ **Recidivism**
- **Untreated opioid use:** 30% recidivate
- **MAT use:**   12% recidivate

Services Provided

Report of opioid use and/or MAT	Medical Intake	Continuation	Induction Determination
Harm Reduction and Resource Sheet Peer Services Referral Overdose Kit	OUD Screening Harm-reduction education MAT education & facility MAT referral Peer Linkage to Care: self-referral Detox protocol	Continuation of buprenorphine Transition option from methadone to buprenorphine Wellness Recovery Action Plan (WRAP) & Peer Support 3-5 days of medication at release	History & Physical w/ Linkage to SA/MH/PCP Linked to a community MAT provider Started on buprenorphine; medication at release Peer Navigation: 1-year post-release support including resources for housing, transportation, employment, etc.
Timeline: Booking	Timeline: 4 hours post-booking	Timeline: 2-3 days	Timeline: ± 2 weeks

CONTINUATION & INDUCTION PROGRAM PARTICIPATION DEPENDENT ON ELIGIBILITY CRITERIA

Linkage to Community Services

Buncombe County Detention Facility has partnered with Sunrise Community for Recovery and Wellness (Sunrise) and the Buncombe County Health Department to provide **free** Peer Support to those recently released from jail.

The purpose is to help people improve their health, safety and wellbeing by connecting them to free resources.

These peer support specialists can work with participants for up to 1 year to help them get back on their feet.

Programming can be started while in detention by completing and returning this form to Medical or Programs staff.

Services Offered: Peer support, linkage to treatment, recovery and harm reduction services. Assistance with transportation, obtaining ID, applying for housing, employment and education resources, benefits, and payment assistance.

Contact: Sunrise Peer Navigators
Community Peer (828) 301-4986 or Detention Peer (828) 545-2495

CONSENT:

☐ Yes, I am interested in this program, and give permission to Buncombe County Detention Facility staff to pass this sheet to Sunrise. I understand that Sunrise will attempt to contact me using my information below, to follow-up on this **free service**.

Name _____   Phone Number _____

Signature _____   Date _____

Email _____   Booking Number _____

Sunrise Community for Wellness and Recovery
50 S French Broad Ave, Asheville, NC 28801   (828) 552-3858

To better understand your needs, please complete the below survey.

Check the appropriate boxes, and circle yes, no, or N/A (not applicable)

	Is not an issue	Some Difficulty	Serious Difficulty	I would benefit from assistance	I can resolve on my own	I've sought help in the past (Circle answer)
Employment						Yes / No / N/A
Transportation						Yes / No / N/A
Financial Resources						Yes / No / N/A
Housing						Yes / No / N/A
Health — Do you have health insurance? Y / N						Yes / No / N/A
Legal						Yes / No / N/A
Substance Use (For me or someone close to me)						Yes / No / N/A
Did you or someone close to you overdose within 72 hours of arrest?						Yes / No / N/A

What do you feel are the two main things that you will need help with once you are released to be safe and healthy?

_____

_____

I anticipate being here for approximately the next (check box or write in your anticipated timeline):

Day ☐	Week ☐	Month ☐	3 months ☐	6 months ☐	Transfer to Prison or other facility ☐

**If you are released from BCDF to another facility, please reach out to Sunrise when you return to the community.

<u>Essential documents</u> I have essential documents such as my: ID, Social Security Card, Birth Certificate, etc.   Y / N   Need _____

☐ Right now I am not interested in this program. I understand that if I change my mind, I can reach out (even after release) to request this free support.

PROGRAM BASICS

PROGRAM CRITERIA

Continuation/Induction Criteria

- Participant interest

- Medical clearance

- Stability: behavioral/mental health

- Anticipated community release within 3 months

- Sentence is < 2 years

Continuation: methadone

- Continuation if pregnant

- Buprenorphine detox protocol

- Transition to buprenorphine option (Transition within 1 week)

DOSING

While detained:

Continuation/Inductions:

- 8mg buprenorphine mono product

- Pregnant/Methadone: Per MD

MAT medication provided at release:

- New inductions: 3-5 days, 8mg mono product of buprenorphine

- Continuation: 3-5 days of community level/form of buprenorphine

Funding

Year One: NCHHS Grant (July 2019)
> Buncombe Health Department: Overdose Kits
> Community Grants for overlapping services

Year Two: Medical Contract (July 2020)
> NCHHS Grant
> Community Grants for overlapping services

Goal: Sustainable programming through local funding

Covid-19 Programming Impacts

Pre-Covid: December 2019- March 2020

Group Programming
- Seeking Safety and Prime for Life
- WRAP (Wellness Recovery Action Plan)
- Reentry Navigation and Resources
- Medication Assisted Recovery Anonymous (MARA)
- Narcotics Anonymous (NA)

Case Management/Peer Support on housing

Dosing: Day shift in Medical Unit

Higher: 1) volume of arrests 2) daily population 3) those reporting opioid/MAT use 4) length of stay

Post-Covid: March 2020 – Current

- **Group programming** suspended

- **Movement restrictions** impacted medical capacity

- **MAT** interventions provided during routine medical timelines

- **Peer Navigator** is nested in Medical Unit

- **MAT dosing:** 4:00AM conducted on housing

- **Lower census** enabled program expansion of inductions (at release orders)

Game Changers

Community Advisory Panel: Program feedback from those with lived experience
- **Increased access** for induction criteria
- **Changed our understanding** of success measures
- **Expanded our perspective** and approach to the work
- **Informed our future program goals**

❑ **Covid-19:** Forced creative thinking and retooling of program for increase of service delivery

❑ **Partnerships:**
- **Find** organizations with parallel/complimenting objectives
- **Leverage** existing resources
- **Explore** expansion of needed resources through collaborations

- **Start Today**: 'Easy-lift' mentality
  - ✓ **Tally** (how many with history of opioid use are arrested/detained)
  - ✓ **Develop/Provide** handouts/resource sheets
  - ✓ **Inquire** about naloxone from your LME/MCO/Health Department/local Harm Reduction Organization

- **Program fluidity** within facility parameters

- **Data:** It tells the story and informs the program development
  - Census of those who use opioids/MAT
  - Detainment length of stay

- **Sequential Intercept Modality**: Where are the system intercepts in which programming can be more easily integrated?
  - **Booking/Release** (Mechanism for overdose kits/resources)
  - **Medical Screening/Intake/Appointments** (Secure SUD assessments)
  - **Court/Attorney/Probation** meetings

Buncombe County Opioid-Related Works

- **Historical Narrative:** *Exploring the Opioid Epidemic, Register of Deeds*

    https://storymaps.arcgis.com/stories/568b200b6e7e45d0a1f2f76cf2b809be

- **Buncombe County Opioid Public Safety Communications:**

    https://www.buncombecounty.org/governing/depts/hhs/initiatives/closer.aspx

    https://www.buncombecounty.org/governing/depts/hhs/initiatives/safer.aspx

    https://www.youtube.com/watch?v=yProaKyuwFo&feature=youtu.be

- **Opioid MAT Collaborative Roundtable:** Expanding WNC opioid treatment access

- **Care Team:** Multidisciplinary team with the mission to reduce suffering related to substance use

Quentin Miller, Sheriff

**21st Century Law Enforcement
Procedural Justice**

Sarah Gayton

Community Integration and MAT Services Director

**Sarah.Gayton@buncombecounty.org
828.250.4585**

Law Enforcement Assisted Diversion

Melissia Larson

Program Overview

- LEAD is a program built upon partnerships with stakeholders within the community; to include the District Attorney's Office, the local treatment providers, LME/MCO's, and harm reduction/peer support partners.

- LEAD is not about creating entirely new programs; it is about bringing existing stakeholders together who have a common goal of reducing crime and connecting people with substance use disorders to treatment and supportive services.

- Provides a warm hand-off to local treatment and supportive services

Pre-Arrest Intercept

- The overarching goals of pre-arrest diversion are to address behavioral health needs within a community-based model versus within the traditional criminal justice system.

- LEAD sites experience at least a 60% reduction in criminal justice involvement among their participants as they engage in treatment and supportive services available to them through the program.

- Participants have a higher level of engagement in treatment and/or supportive services. The value of peer support ☺
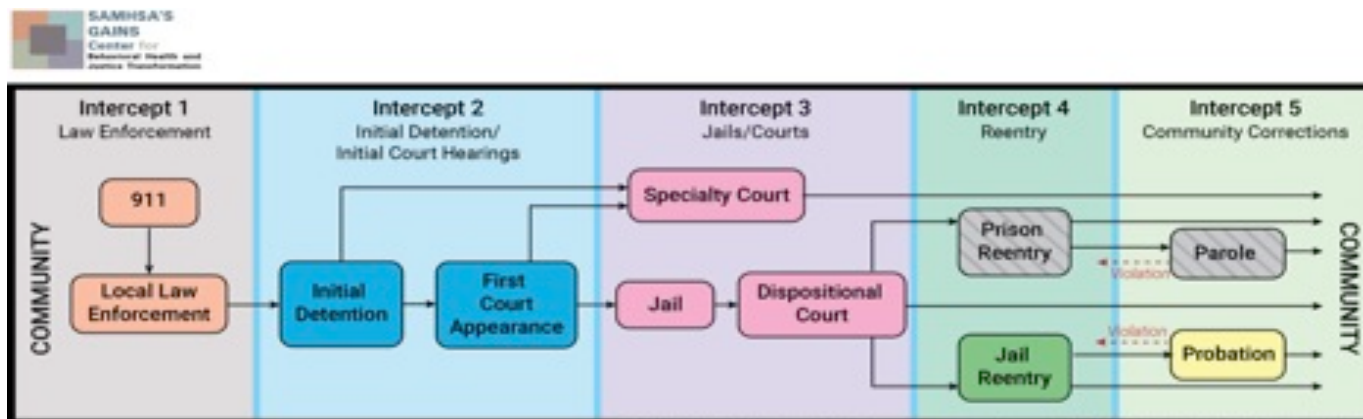
SAMHSA's GAINS Center. (2013). Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

Impact of COVID-19

- We have experienced a decrease in participants engaging in services

- Participants have experience economic barriers, changes in hours at providers, and isolation

- We have maintained steady communication with our project partners to share their revised hours and procedures with our participants

- Altered how we provide harm reduction services to maintain social distancing, shared virtual recovery group information, and worked with participants on increasing self-care (goal setting, filling your time)

Connect

- **Current sites**: Fayetteville Police Department, Wilmington Police Department and the New Hanover Office Sheriff's Office, Hickory Police Department and the Catawba County Sheriff's Office (along with 5 smaller agencies), Waynesville and Canton Police Departments, Statesville and Mooresville Police Departments, the Burke County Sheriff's Office and the Morganton Police Department.

- **Upcoming sites**: Jacksonville Police Department, Watauga County Sheriff's Office

- **Treatment Partners**: Coastal Horizons, Carolina Treatment Center, Meridian Health Services, Appalachian Community Services, ARMS, Catawba Valley Behavioral Healthcare, Carolina Outreach……..

Melissia Larson   mlarson@nchrc.org   www.nchrc.org

Re-Entry Systems for Effective Treatment (RESET)

Michelle Gunn

RESET Program 2.0

- **Goals**:
  - Reduce recidivism among project participants by decreasing alcohol/drug use & thus increase the safety of NHC.
  - Reduce the health, social, & economic costs of substance use & co-occurring disorders.
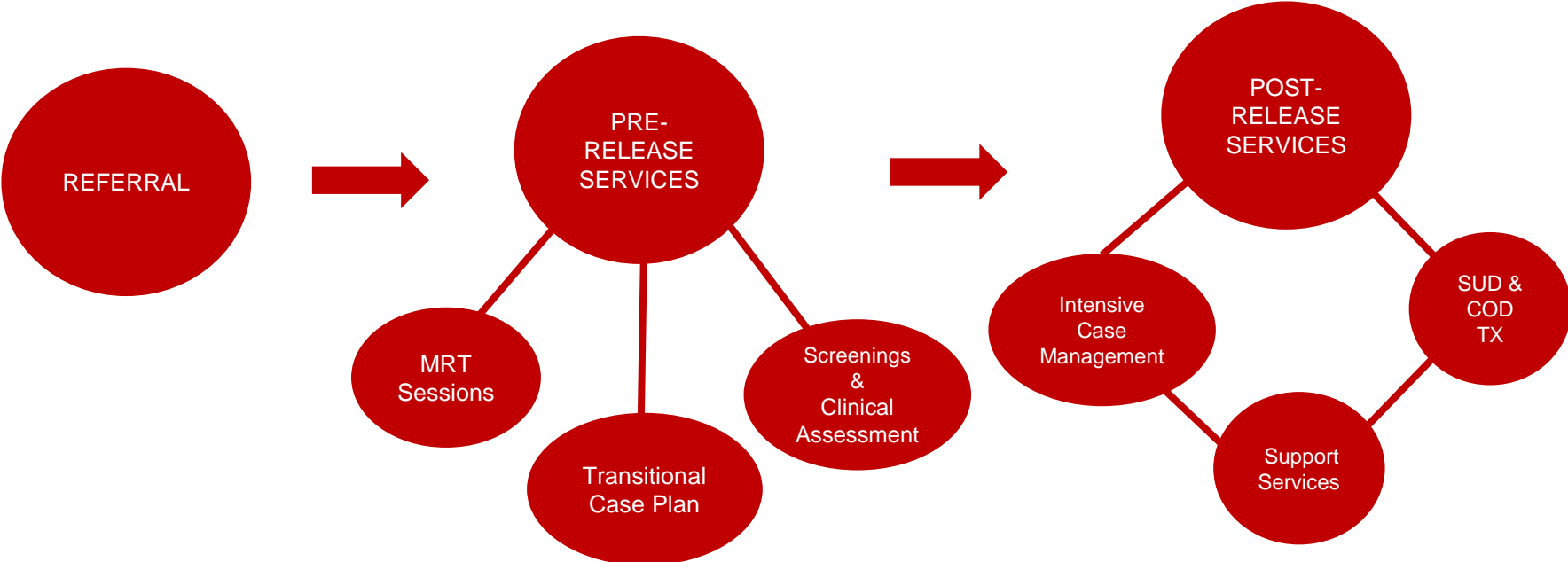
- **Target Population**
  - 18-years old +
  - Women & Men
  - SUD or COD
  - Serving at least a 3-month sentence OR a 30-day probation violation sentence in the New Hanover County Detention Center

- **Program Structure**
  - 9-12 months in length

Re-Entry Systems for Effective Treatment (RESET) Program 2.0

REFERRAL → PRE-RELEASE SERVICES → POST-RELEASE SERVICES

PRE-RELEASE SERVICES:
- MRT Sessions
- Transitional Case Plan
- Screenings & Clinical Assessment

POST-RELEASE SERVICES:
- Intensive Case Management
- Support Services
- SUD & COD TX

Coastal Horizons RESET

THANK YOU!

Michelle Gunn, RRS/RESET Director
mgunn@coastalhorizons.org
910-524-1502

Wrap up and THANK YOU!

Alan Dellapenna, Branch Head, Injury and Violence Prevention Branch, Division of Public Health

The meeting recording, agenda and PowerPoint slides will be added to our NC DHHS Opioids/OPDAAC page
- https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/nc-opioid-and-prescription-drug-abuse-advisory
- Please note, it can take up to 7 days for the materials to be posted to the website. An email will be sent out to all attendees once materials have been posted.

Next Virtual OPDAAC Meeting: Friday, January 22, 2021
Theme: Racial Equity