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
  − 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

Connect to Care

Prevent future opioid addiction by supporting children and families

Reduce the supply of inappropriate prescription and illicit opioids

Expand access to treatment and recovery supports

Address the needs of justice-involved populations

Advance harm reduction

Address non-medical drivers of health and eliminate stigma

Track progress and measure our impact

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 **24% increase** 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

  - 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
Sequential Intercept Model

Crisis Lines → Crisis Care Continuum → Local Law Enforcement → Intercept 1 Law Enforcement

Intercept 0 Community Services

Intercept 1 Law Enforcement

Initial Detention/Initial Court Hearings

Intercept 2

First Court Appearance

Intercept 3 Jails/Courts

Specialty Court

Intercept 4 Reentry

Prison Reentry

Parole

Intercept 5 Community Corrections

Jail Reentry

Probation

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
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
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).
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

The Transition from Jail to Community Initiative

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

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

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
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

   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/how 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

Substance Use providers
Family
Jail
Police
Consumer
Mental Health
Judge
Sequential Intercept Map – Example

**Intercept 1**
Law enforcement / Emergency services

- Crisis Lines
  - HopeLine
  - NAMI warm-line 24/7, AllianceCall Center 24/7, AA, drug helpline, Holly Hill RESPOND, DV hotline, Lifeline, Teen Talk Line, CAD
- Holly Hill Hospital crisis & inpatient, MH & SA tx, need medical clearance
- Healing Place 23 bed emergency shelter/peer driven social detox
- Alcohol and Drug Abuse Treatment Center (ADATC)- inpatient/outpatient, long term residential (30 minutes away)
  - S. Wilmington St. Shelter Raleigh Rescue Mission Salvation Army
- UNC Health Care WakeBrook
  - Specialized crisis center, MH/DD / SA assessment & referral
- Behavioral Health
  - Alliance Behavioral Health, Wake County Human Services or private provider

**Intercept 2**
Initial detention / Initial court hearings

- Dispatch 911 telecommunicator training
- Advanced Practice Paramedics
- DIT training

- Wake County Detention Center
  - Inmate Processing Center, medical screening, mental health screening (BJ/MHS), Magistrates Office (first point of contact after arrest - Initial Appearance (within 1-2 hours after arrest): 35,000 per year), Pre-trial services, judges release options: Secure Bond, Custody Bond, Promise to Appear, District Attorney is present, only District Court Judge can set bond for DV cases

**Intercept 3**
Jails / Courts

- Courts
  - 2 Drug Tx courts (2 judges/2 drug court teams - 45% success rate), Diversion programs: general felony, first offender, drug diversion, DV diversion, Free the People Court for the homeless and many of the MI

**Intercept 4**
Reentry

- Prison
  - Alliance Care Coordinator facilitates discharge plan

- Jail Reentry
  - Forensic MH Case Manager makes appointments in the community, TASC does substance use assessments & BJ/MHS, VJO in-reach

**Intercept 5**
Community corrections/ Community support

- Department of Public Safety
  - Probation & Parole
  - 113 probation officers
  - 6,000 Probationers
  - 640 Parolees
  - 2 Specialized MH Caseload (40 each)
  - Risk/Need assessments guide supervision levels

- VA Outpatient Office
  - Physicals / SA / Tx / benefit applications

- Faith-based Community
  - Food pantries / Transportation / Respite / Group support

- Housing/Shelter
  - 13 - Emergency shelters
  - 12 - Transitional housing programs (male / female / families / DV / SA / individuals with AIDS / MI)

- Raleigh Housing Authority - Wake County Housing Authority

**Community Resources**

- First Appearance
  - Mostly done via webcam, Public Defender or private attorney is present
# Action Planning

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Objective</th>
<th>Action</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
</table>
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

Where NC SIM is planned

NC SIM has occurred

PRA led SIM has occurred
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
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/


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

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

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

Rancome 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 closer 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
59 S French Broad Ave, Asheville, NC 28801
(828) 552-3856

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

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

<table>
<thead>
<tr>
<th></th>
<th>Yes / No / N/A</th>
</tr>
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<tbody>
<tr>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Financial Resources</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Do you have health insurance? Y / N</td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td></td>
</tr>
<tr>
<td>Substance Use</td>
<td></td>
</tr>
<tr>
<td>Did you or someone close to you make a purchase within 72 hours of arrest?</td>
<td>Yes / No / N/A</td>
</tr>
</tbody>
</table>

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 1 [ ] Week 2 [ ] Month 3 [ ] 3 months 4 [ ] 6 months 5 [ ] Transfer to Prison or other facility 6

(*) You are released from DOC to another location please check out to Sunrise should you return to the community.

Essential documents 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 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.youtube.com/watch?v=yProaKyuwF0&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 ☻
Impact of COVID-19

- We have experienced a decrease in participants engaging in services
- Participants have experienced 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
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


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Next Virtual OPDAAC Meeting: Friday, January 22, 2021

Theme: Racial Equity