Safe Reentry:
Implementing an Opioid Overdose Prevention Plan

ICCA Annual Conference
Seattle, WA
October 30, 2017
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Presentation Agenda

1. Our shared challenge: impact of opioids
2. Five critical activities of opioid overdose prevention at reentry
3. Data as a tool for overdose prevention
4. Pathway to success: creating your Safe Reentry Interventions Team (SRIT)
5. Your questions
Our Shared Challenge: Impact of Opioids
Substance Use is Overrepresented in the Justice System

Figure 1
Inmates and adult general population who met the criteria for drug dependence or abuse, 2007–2009

Source: Bronson, J., Stroop, J., Zimmer, S., and Berzofsky, M., 2017

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Opioid-Related Deaths Are Rising

National Overdose Deaths
Number of Deaths from Opioid Drugs

Source: National Center for Health Statistics, CDC Wonder
Opioid-Related Deaths Expected to Continue to Rise

Opioid overdose deaths: 10 projected scenarios.

Source: Blau, 2017
OD Deaths Surpassed Gun and HIV/AIDS Deaths in 2015

Source: Reichart, 2017, data from CDC, 2015
Especially High Risk of OD at Reentry

FIGURE 8.
Mortality Rates, by Incarceration Status and Time since Prison Release

In the first two weeks of their release, former prisoners have a mortality rate 13 times greater than their matched demographic cohorts.

Deaths per 100,000 person-weeks

- 29% Other
- 71% Overdose

Source: Binswanger et al. 2007; authors’ calculations.
Note: Results are for the incarcerated population in the state of Washington from July 1999 to December 2003.
Five Critical Activities of Opioid Overdose Prevention at Reentry
1. Minimize Drug-Enabling Housing
2. Minimize OD Deaths
3. Maximize Rapid Access to Drug Treatment
4. Minimize Drug Market Activity
5. Minimize OD Deaths Beyond 2 weeks

SAFE REENTRY: Comm. Safety Lives Saved Recovery
Activity 1: Minimize Drug-Enabling Housing
1. Minimize Drug-Enabling Housing

Why do this?

- People, Places and Things
- All three can be found in the home
- Where the person is likely to spend much of their time
- Saliency of drug experiences makes “it” real even if drugs and paraphernalia are not present
- Avoid triggering environments
- Others in home might be in recovery or actively using drugs
- What else?
1. Minimize Drug-Enabling Housing

What are you doing now?
1. Minimize Drug-Enabling Housing

What should your housing investigation for the addicted person look like?

- Start investigation 6 months pre-release
- In person, onsite, inside, outside and all around the neighborhood
- Look around. Look in rooms. Speak with others in the home.
- Search the person’s room - thoroughly
- Re-investigate housing prior to release (unannounced)
- Engage, educate and enlist hosts for recovery
1. Minimize Drug-Enabling Housing

What should your housing investigation for the addicted person look like?

- Can a person be released without housing?
- Create alternative housing paths
- Assist them to find safe housing (sober, halfway, transitional)
  - Know where housing in your community exists and how to find/access it
  - Educate families and person about risks
  - Educate the person about safe housing - what you mean
1. Minimize Drug-Enabling Housing

What should your housing investigation for the addicted person look like?

- Review denials as housing is scarce
- Review approvals for consistency
- Use public health data to identify high-OD neighborhoods
- Other essentials for success: food, employment, income support, etc.
- What else?
Activity 2: Minimize Overdose Deaths
Critical Activity 2: Minimize Overdose Deaths

Why do this?

• 12x increase in OD death upon release (higher than all other heightened risks at reentry)
• Upon release, quickly return to normal drug use i.e. dosage prior to incarceration
• Tolerance for higher dosages no longer exists
• Especially acute for opioids
• What else?
Critical Activity 2: Minimize Overdose Deaths

What are you doing now to minimize OD deaths?
Critical Activity 2: Minimize Overdose Deaths

What should you do to minimize OD deaths?

• Identify the population early- in-reach to highest risk people
• Provide clinically appropriate treatment for this specific population
• Conduct a full clinical assessment pre-release and share widely post-release
• Put policy and system in place for both pre and post release treatment and supervision
• Train staff across the entire system – pre/post
• Think in minutes and hours to ensure extra tight handoff to community
Critical Activity 2: Minimize Overdose Deaths

What should you do to minimize OD deaths?

• Relapse Prevention Plan - reduces risk of OD
• Use Medication-Assisted Treatment (MAT) for opioids as medically and clinically indicated
  • Three medications (not drugs!)
  • Highly consider pre-release induction (early adopters underway)
  • Continuity of care – treatment and medication are best together
  • Avoid abstinence only treatment providers
  • Not replacing one drug for another drug
Critical Activity 2: Minimize Overdose Deaths

What should you do to minimize OD deaths?

• Provide Narcan to inmate prior to release
  • Educate person/staff/host/family
  • Make available to treatment and supervision staff
  • Incorporate PD, Fire, EMS and public health systems
• Engage supports (family, friends, etc) and local agencies (PD, EMS, etc) and educate (Resource- SAMHSA toolkit)
• What else?
Activity 3: Maximize Rapid Access to Drug Treatment
3. Maximize Rapid Access to Drug Treatment

Why do this?

• The path to reducing drug use goes through rapid access and rapid retention in treatment/return to treatment
• Reduced drug use reduces crime – it’s criminogenic!
• Not as focused on program completion
• What else?
3. Maximize Rapid Access to Drug Treatment

What are you doing now to maximize rapid access to drug treatment?
3. Maximize Rapid Access to Drug Treatment

What should you do to maximize rapid access to drug treatment?

- Educate system on importance of speed for treatment access and retention
- Understand your community’s treatment capacity
  - What exists?
  - Where does it exist?
  - How do you access it on demand?
3. Maximize Rapid Access to Drug Treatment

What should you do to maximize rapid access to drug treatment?

- Ensure warm handoff from custody to community
- Medically Monitored Withdrawal Management if appropriate
- Provide bridge funding
- Conduct pre-release (when possible) Medicaid enrollment
- Develop rapid response team with transportation
- Use all available technology for rapid response efforts
3. Maximize Rapid Access to Drug Treatment

What should you do to maximize rapid access to drug treatment?

- Consider Supportive Release Center at point of release
- Tie in pre and post release staff in two-way rapid communication
- Create rapid alert and notification system
  - Evenings
  - Weekends
  - 24/7
3. Maximize Rapid Access to Drug Treatment

What should you do to maximize rapid access to drug treatment?

- Set and respond appropriately to Distal and Proximal goals
- Understand that client’s urges may be strong at release
- **Employ collaborative decision-making model throughout**
  - Align supervision and treatment sanctions and rewards
  - Shared policies and protocols to enhance client support
- What else?
Activity 4: Minimize Drug Market Activity
4. Minimize Drug Market Activity

Why do this?

- Drug markets disrupts the community/neighborhood
- Drug markets and related activities create fear in the public
- Bring in street gang activity and heightened police presence
- Driver of crime especially violent crime, shootings, battery, theft
- Sell/buy operations provide ready access to drugs
- Reduce involvement by those under your supervision
- What else?
4. Minimize Drug Market Activity

What are you doing now to minimize drug market activity?
4. Minimize Drug Market Activity

What should you do to minimize drug market activity?

• Undertake activities only in cooperation, coordination and collaboration with local law enforcement
• Never intercede without law enforcement presence
• Review literature on Drug Markets and Drug Market Interventions
4. Minimize Drug Market Activity

What should you do to minimize drug market activity?

- Create drug market Central Information Center (CIC)
- Identify population most likely to be involved in drug markets
  - ID using public health data
- Map drug markets and routes for offender to/from treatment, work, school, home and your office
- Implement policy for drug market activity violation processing
- What else?
Activity 5: Minimize Overdose Deaths Beyond Two Weeks
5. Minimize Overdose Deaths Beyond Two Weeks

Why do this?

- Continued high risk of OD beyond 2 weeks (risk reduces with treatment)
- Treatment engagement and retention are key
- Addiction is chronic and recovery is a lifelong process
- Relapse ≠ failure and is often part of the process
- Recovery supports for durable recovery
- What else?
5. Minimize Overdose Deaths Beyond Two Weeks

What are you doing now to minimize OD deaths beyond reentry?
5. Minimize Overdose Deaths Beyond Two Weeks

What should you do to minimize OD deaths beyond reentry?

- Monitor OD risk:
  - Continue activities 1-4 plus…
  - Systematically monitor risk
    - e.g. Opiate Alert Project, Madison County, IL
  - Continue to communicate and collaborate with treatment team
Example: Opiate Alert Project (Madison County, IL)

- Monitor “at-risk” clients
  - High-risk for two-weeks after any controlled environment (jail, detox, etc.)
  - Clients flagged as at-risk for the entirety of TASC probation
  - Consistently monitor clients (in person, phone, or text)
- Partners: Madison County Probation, TASC case managers
- Reduced OD among TASC clients
  - Before Opiate Alert Project: 8 OD deaths in 14 months
  - Since Opiate Alert Project: 1 OD death in over 4 years
5. Minimize Overdose Deaths Beyond Two Weeks

What should you do to minimize OD deaths beyond reentry?

- Maximize treatment retention and engagement
  - Continue activities 1-4 plus…
  - Case management and coordination of care
  - Link client with stable, affordable housing
  - Address all of the client’s needs, not just opioid abuse
- Relapse Prevention Plan
- Referral to community supports
5. Minimize Overdose Deaths Beyond Two Weeks

What should you do to minimize OD deaths beyond reentry?

• Maximize treatment retention and engagement
  • Drug use monitoring (urinalysis)
  • Understand and respond appropriately that relapse can happen during recovery (but that does not mean it is condoned)
  • Continue to communicate and collaborate with treatment team
• What else?
Data as a Tool for Overdose Prevention
Data for Overdose Prevention

- Target population
  - History of opioid use/abuse including OD and “being Narcaned”
  - Highest risk of OD at reentry
- Potential sources of individualized information:
  - Medical records (jail or other provider, if released)
  - Client (self-report, urinalysis)
  - Arrest and conviction record
  - What else?
Another Data Source: Prescription Drug Monitoring Program (PDMP)

• Monitor opioid prescriptions from all prescribers on an individual basis
• PDMP operating in all US states except MO, as well as D.C. and Guam
• How can this be helpful
  • Search client history prior to release
  • Track client post-release
• Access varies by state. Contact your state’s PDMP office to learn more.
• Brandeis University PDMP TTAC: http://www.pdmpassist.org/
TCU Drug Screen 5 - Opioid Supplement

- Self-report 17-item screening tool
- Screens for opioid use and OD risk, guide referrals
- Texas Christian University Institute for Behavioral Research with CHJ at TASC
- Screener is available for free at [https://ibr.tcu.edu/forms/tcu-drug-screen/](https://ibr.tcu.edu/forms/tcu-drug-screen/)
Pathway to Success: Creating your Safe Reentry Interventions Team (SRIT)
Safe Reentry Interventions Team (SRIT)

- Employs collaborative decision-making model throughout
- Focus on supervision, treatment, and community
  - Treatment = drug + mental health + trauma
- Incorporate public health due to higher rates of infectious diseases (Hep C, HIV, TB, etc....) in the justice population
- Includes transportation for SRIT

- Who is doing this now?
Creating Your SRIT

• Bring in partners: jail, law enforcement, probation & parole, case manager, treatment provider, public health, others?
• Determine shared goal (keeping client safe)
• Institute protocol and policy
• Develop:
  • Communication plan
  • Incident reporting system
  • Next-of-kin notification
• Employ collaborative decision-making model throughout
• Be safe out there
Your Questions
Thank You!

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