Organizational Change

Implementation of MOUD/MAT in Correctional Settings: Washington State and California

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Working with communities to address the opioid crisis.

✧ SAMHSA’s State Targeted Response Technical Assistance (STR-TA) grant created the **Opioid Response Network** to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis.

✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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Working with communities to address the opioid crisis.

- The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.

- The ORN accepts requests for education and training.

- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.
Contact the Opioid Response Network

✧ To ask questions or submit a request for technical assistance:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900
Who We Are

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Disclosures

✧ WADOC staff have no conflicts of interest or relationships to disclose.
✧ Shannon Robinson discloses that she is an employee of Health Management Associates, a national research & consulting firm providing technical assistance to healthcare clients.
Steps to Change

- **Identify the problem** - untreated OUD > OD deaths & ED send outs...
- **Organize the team to address the problem** - admin, leadership & staff - all disciplines, patients & family
- **Identify the desired outcome** - decrease send outs & deaths, litigation, recidivism
- **Assess the organization** - resources needed & barriers, stage of change of organization & staff
- **Assess the audiences to be targeted** - admin, leadership, staff, patients, family, external stakeholders (PO, aftercare providers...)
- **Identify approach to achieve outcome** - which meds, formulations, target patients
- **Design action & maintenance plans** - strategic plan, policy changes, technical assistance, information dissemination
- **Implement plans & address resistance** - provide user friendly info & mentoring, reward early adopters
- **Evaluate progress** - data
- **Revise plans as needed** -
Washington Facilities
Correctional Facilities of Washington State

- 12 State prison facilities
  - 8 Major
  - 4 Minor ("camps")
  - 12 Work Releases
  - Avg. Population 19,160

- 65 jails
  - 19 City
  - 7 Tribal
  - 37 County
  - *Active Supervision population 20,977

Data: 12/31/2020
California Facilities
California Facilities

✧ Jails and prisons are separate
✧ 58 counties with jails
✧ Population 124,000 CDCR & reentry programs
✧ 35 prisons
✧ 42 Adults Camps
✧ 9 Community reentry programs
✧ Additional 52,000 on parole
California Facilities

Mouse over the map for details
WADOC
Populations Addressed
WADOC Populations to Consider

✧ Admission/Readmission on MOUD
  - ≤ 6 months: Continuation/Maintenance
  - > 6 Months: Taper

✧ Admission/Readmission not on medications with OUD
  - Induction

✧ Community/Parole violation on MOUD
  - Continuation/Maintenance

✧ Community/Parole violation not on medications with OUD
  - Induction
Identifying the Population at Risk at WADOC

✧ What data did we have?
  – Official assessments by substance use disorder professionals (SUDPs)
  – Self report at intake of opiate use
  – People with a +Utox for opiates during incarceration

✧ Who can make the diagnosis of OUD?
  – Anyone: Medical, Mental Health, SUDPs
California Populations Addressed
Initially Focused on 3 Patient Populations at **Highest Risk**

- From Jail on MAT
- CDCR High Risk
- Leaving in 15-18 months

**Arriving to CDCR**

**Transition to Community**
WADOC Challenges
Four Challenges at WADOC:

1. Diagnosing OUD
2. Operational/Logistical issues
3. Violator Population
4. Community Reentry
#1. Diagnosing OUD at WADOC

- Creating Protocols
- Electronic input of diagnosis using ICD10 codes
- Differentiating opiate used and opiate use disorder
- Using SUD assessments for uncertain cases

F11.90 Opiate Use, unspecified
F11.20 Opioid Dependence, uncomplicated
#2. Operational Issues: Everyone on the Same Page

- Heath Services vs. Custody
- Unforeseen challenges
  - Clinical Capacity
  - Staff shortage
  - Risk of diversion
  - Risk of harm to patients
  - Confidentiality
- Differences in recovery philosophies
#3. Violator Population

- Individual contracts with jails
- All county jails have unique policies that govern operations and health care services
- Using prisons for housing short-term violators
#4: Community Reentry

- Limited MOUD providers in some counties
- Work Release vs. Community Release
- Unknown Release Dates
- Unexpected Releases
- Prison Releases to a county detainer
- State Targeted Response (STR) & State Opioid Response (SOR) Grant funded-Reentry Care Navigator positions

**Community Reentry Goals:**
- Warm hand-off with community provider prior to release
- Appointment with community provider within 24-48 hours of release
- Medication in hand upon release
- Follow up for no shows
California Challenges
Education: Neurobiological Chronic Disease

ività- SUD underlies 85% of incarceration
  – Death & recidivism

Neurobiology of addiction
  – Genetics, dopamine, time for recovery

SUD has similar outcomes to other chronic ds
  – Tx not withheld for other diseases when they don’t improve

Acknowledge diversion
  – Relationship to access to tx

Access to psychosocial tx
  – 12 Step meetings are peer support, no tx

Abstinence based treatments don’t work, neither does tapering

Duration of tx similar to other chronic ds

Continuity of care upon release
WADOC Successes
WADOC Successes

✧ Individuals previously untreated for OUD are now receiving treatment
✧ Overdose prevention education & Naloxone distribution
✧ Partnerships with community providers
✧ Lives are being saved
California Successes
Pilot to Statewide Implementation

- Medication choice for pilot - short time to start
- Demonstrate success of treating patients
- Demonstrate success of warm handoffs
- Statewide external stakeholders meeting
- Focus group input from pilot sites
- Design statewide plan, obtain funding
- Implement statewide plan
- Incremental expansion of plan
WADOC Lessons Learned
WADOC – What We Have Learned

✧ Education, Education, Education!
  – Staff (Medical, Nursing, Custody, Classification etc.)
  – Patient
  – Community Corrections staff
✧ Involvement of all Parties—Custody, Healthcare Staff, & Patients
✧ Standardization of Procedures & Protocols
✧ Process for Ongoing Improvement
✧ Reminder that Culture Change takes TIME
California Lessons Learned
California – What We Have Learned

✧ Same as Washington

✧ Education
  – The right education at the right time
  – Changing hearts & minds first
  – New knowledge must be used or it’s lost

✧ Standardization of Procedures & Protocols
  – With flexibility to meet the goals in unique ways
Step 3
Desired Outcomes
What’s In It For Me?

• To survive and thrive in your health care environment, we need to focus on
  – Population health outcomes
  – Better individual patient care experiences
  – Lower cost per capita
  – Staff and provider joy in work
Step 4
Stages of Change
Strategies for each stage

✧ Pre contemplative
  – Raise awareness multiple times, in multiple ways

✧ Contemplative
  – Provide evidence of effectiveness of approach
    • Data and personal stories with pros > cons for change

✧ Preparation
  – Develop change plan and remove barriers

✧ Action
  – User friendly info, support, monitor, provide feedback

✧ Maintenance
  – Continue communication
Common Mistakes in Managing Resistance

- Attempting to change the end user’s view with “logical” arguments about why they should change
- Dealing with the person; not the issue
- Ignoring the end user’s emotions and behaviors concerning the change
- Assuming what is “logical” to you is logical to the end user
- Giving up or not repeating the process
Effective Managing of Resistance

- Creating rapport & build strong working relationships
- Establishing expectations & providing context
- Explaining the change in terms of the stakeholder’s WIIFM*
- Establishing the source of resistance from the stakeholder’s
- Asking open-ended questions—support & invite expression
- Occupy less than 25% of the air time - be quiet & listen
- Utilize the stakeholder’s energy to help manage the situation
- Create WIN-WIN situations
- Repeat the resistance management process

*WIIFM: What’s in it for me?
The Ingredients of Effective Change

• A *change* worth making

• *Leadership* committed to the change

• *Resources* sufficient to make the change

• A *plan* to use those resources well

• *Skills* and *perseverance* to carry out the plan

• An *ability to learn* from doing

• Broad *participation* and *engagement* in the full change process
Questions?
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