



**WELCOME**

**Provider Learning Collaborative**

**February 27, 2023**

# SAE Behavioral Health Consulting

PROVIDER LEARNING COLLABORATIVES  
SAE Behavioral Health Consulting



**MEDICATION ASSISTED  
TREATMENT (MAT)  
PROGRAMS FOR OPIOID USE  
DISORDERS: IMPLICATIONS  
FOR SYSTEMS CHANGE**

A PANEL DISCUSSION  
FACILITATED by DR. JULIANNE MANCHESTER

**Zoom Webinar**  
Monday February 27, 2023  
4pm Eastern



ASK THE EXPERTS

**Julianne Manchester, PhD**  
**Norwig Debye-Saxinger**  
**Tara Kunkel, MSW**  
**Melissa Heinen, RN, MPH**

CONTACT US

**Schedule Your Consultation**  
**[www.saebhc.com](http://www.saebhc.com)**  
**[info@saebhc.com](mailto:info@saebhc.com)**  
**(212) 684-4480**

info@saebhc.com



## DID YOU KNOW:

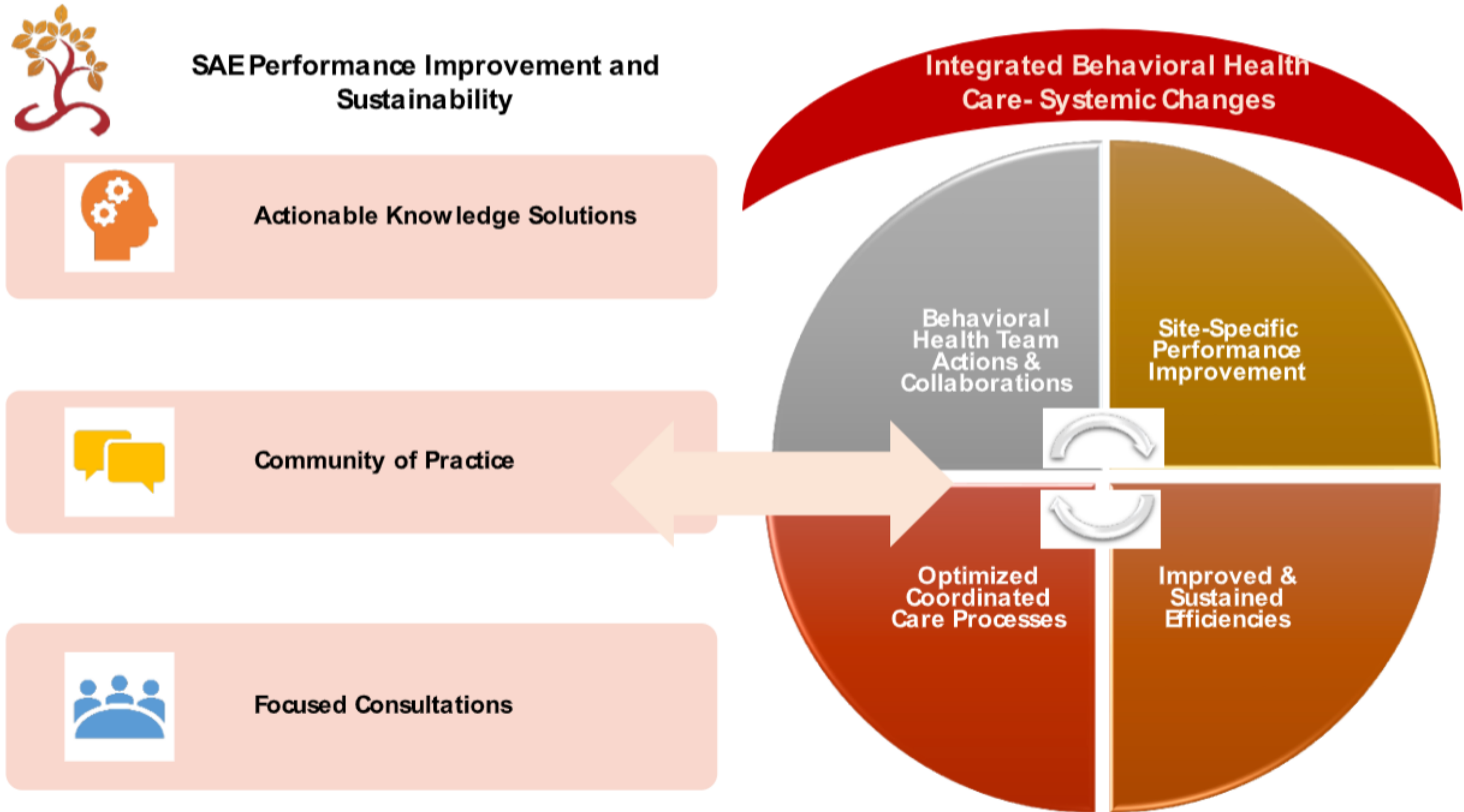
- The first MAT, in the 1920s, was heroin: a “non-addictive opiate” used to supplant/control addiction to morphine. There were heroin maintenance programs in NYC and heroin was prescribed liberally to control diarrhea in adults and babies.

## MEDICATIONS

- **Methadone:** a long-lasting synthetic opiate used to legally supplant/control heroin use since the early 1970s;
- **Buprenorphine:** Suboxone; Sub Solve - agonist/antagonist to legally supplant/control addiction to illicit opiates;
- **Nalaxone/Naltraxone/Vivitrol:** to assist abstinence;
- **Narcan:** to reduce death when overdosed.

**There are no MATS to deal with cocaine, horse tranquilizers, mushrooms, LSD, and other substances.**

# PERFORMANCE IMPROVEMENT AND SUSTAINABILITY



- **Government's policy and funding actions to report on and quell the drug abuse epidemic**
- **Prevention and treatment via current "harm reduction" policy initiatives**
  - populations not served; overdoses not prevented; longer-term rehabilitation; often seeking abstinence; marginalization

- **Funding for MAT, safe injection sites and corresponding regulatory changes**
  - while access to medication assisted treatment, safe injection sites, and telehealth interventions has been eased, residential treatment bed occupancy remains at an all-time low
- **Metrics to measure and report on the effects of policy and funding initiatives**
  - although there are intermittent reports on overdose deaths, these are not by region, age group, linked to prior or current in-treatment status criminal justice status, or co-occurring conditions

A NATIONAL SNAPSHOT UPDATE

# ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER IN U.S. JAILS AND PRISONS

**TARA KUNKEL, MSW**

**The growth in access to MOUD in carceral settings is being driven by a variety of factors:**

- **Litigation and settlements** in cases brought by public interest lawyers in places like New York and Michigan and by the U.S. Department of Justice in places like Massachusetts and Kentucky.
  - **Legislative efforts** in New York and Colorado
  - **Executive Action** in Ohio.
- Momentum has also accelerated due to:
- **Federal grant funding and technical assistance**
  - New **guidance** issued by the U.S. Department of Justice's Civil Rights Division in 2021 underscoring protections afforded to individuals under the Americans with Disabilities Act.





# Funding Resources

## Comprehensive Opioid, Stimulant, and Substance Use Site-based Program

**Funding Agency:** Bureau of Justice Assistance

**Due:** March 21, 2023 (Grants.gov)

**Funding Amounts:** \$1,000,000-\$1,600,000 (3 years)

<https://bja.ojp.gov/funding/O-BJA-2023-171527.pdf>

**Opportunity ID:** O-BJA-2022-171280

**Solicitation Status:** Closed

**Fiscal Year:** 2022

**Closing Date:** June 17, 2022

**Posting Date:** April 18, 2022

**Solicitation Type:** Competitive

**Grants.gov Deadline:** June 13, 2022, 8:59 pm Eastern

**Application JustGrants Deadline:** June 17, 2022, 8:59 pm Eastern





# Technical Assistance

The Bureau of Justice Assistance (BJA) hosts the **Evidence-based Treatment in Custody, Jail-based Mentor Site Initiative**. This initiative offers jails nationwide interested in providing or enhancing their medication-assisted treatment (MAT) services a unique opportunity to observe and learn from innovative programs that have successfully met the treatment needs of individuals with substance use disorders.

## Five programs serve as mentor sites:

- Hampden County, MA
- Franklin County, MA
- Albany County, NY
- South Correctional Entity (SCORE) Jail, WA
- Vermont Department of Corrections

<https://www.cossapresources.org/Learning/PeerToPeer/JailBased>

The **Opioid Response Network** provides evidence-based consultation and training at no cost to enhance prevention, treatment, recovery, and harm reduction efforts at the local level to address the opioid and stimulant crisis: <https://opioidresponsenetwork.org/>

# Performance Measures for Medication-Assisted Treatment in Correctional Settings

*A Framework for Implementation*

The twelve performance measures provide jail administrators, program managers, medical staff in correctional settings, and reentry staff with a performance management framework to monitor medication-assisted treatment in corrections settings and upon release.

Measuring outcomes



This project was supported by Grant No. G1999ONDCP03A awarded by the Office of National Drug Control Policy, Executive Office of the President. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National



# Community and Cultural Considerations

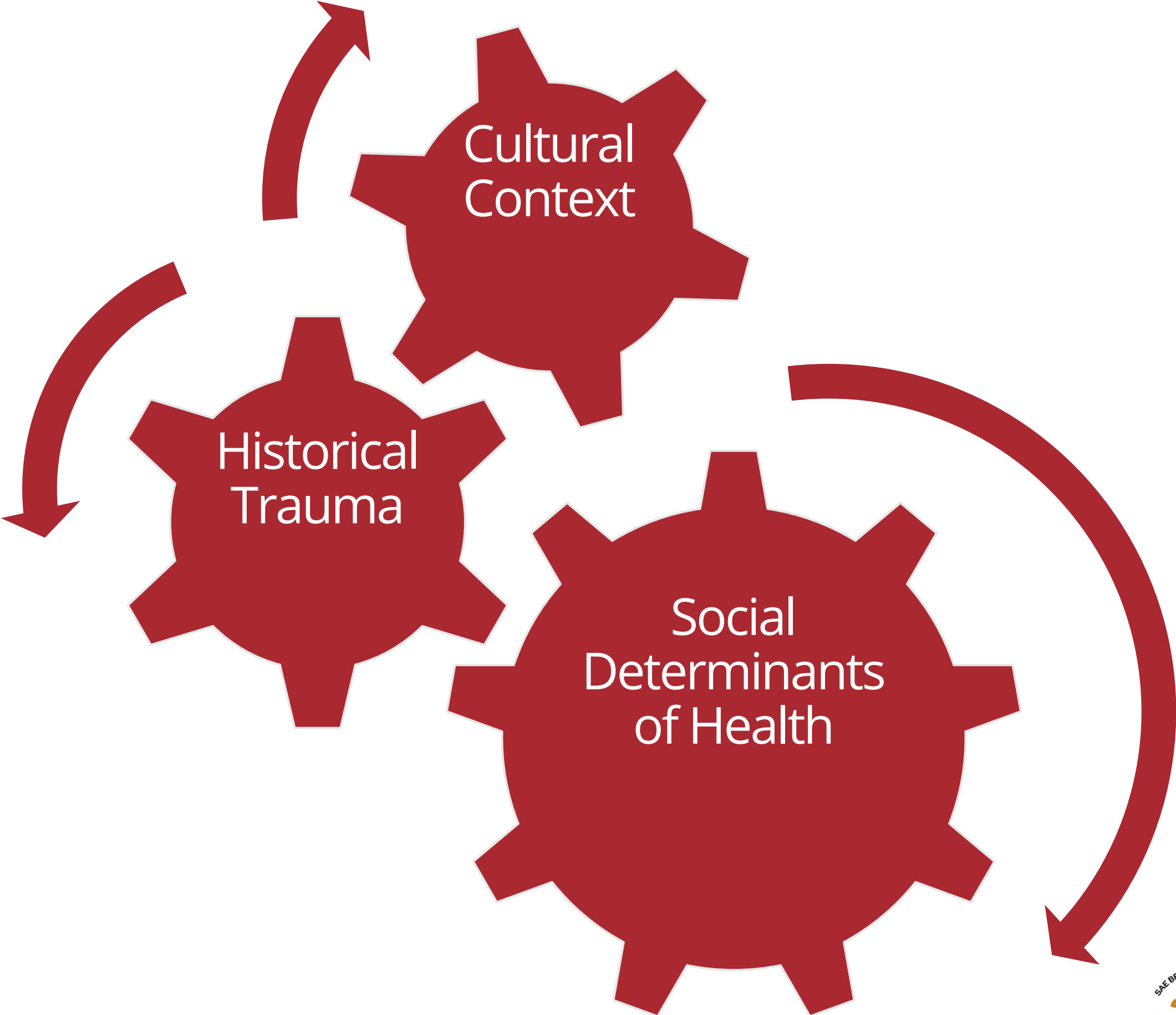
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Melissa Heinen RN, MPH

# Socio-Ecological Model



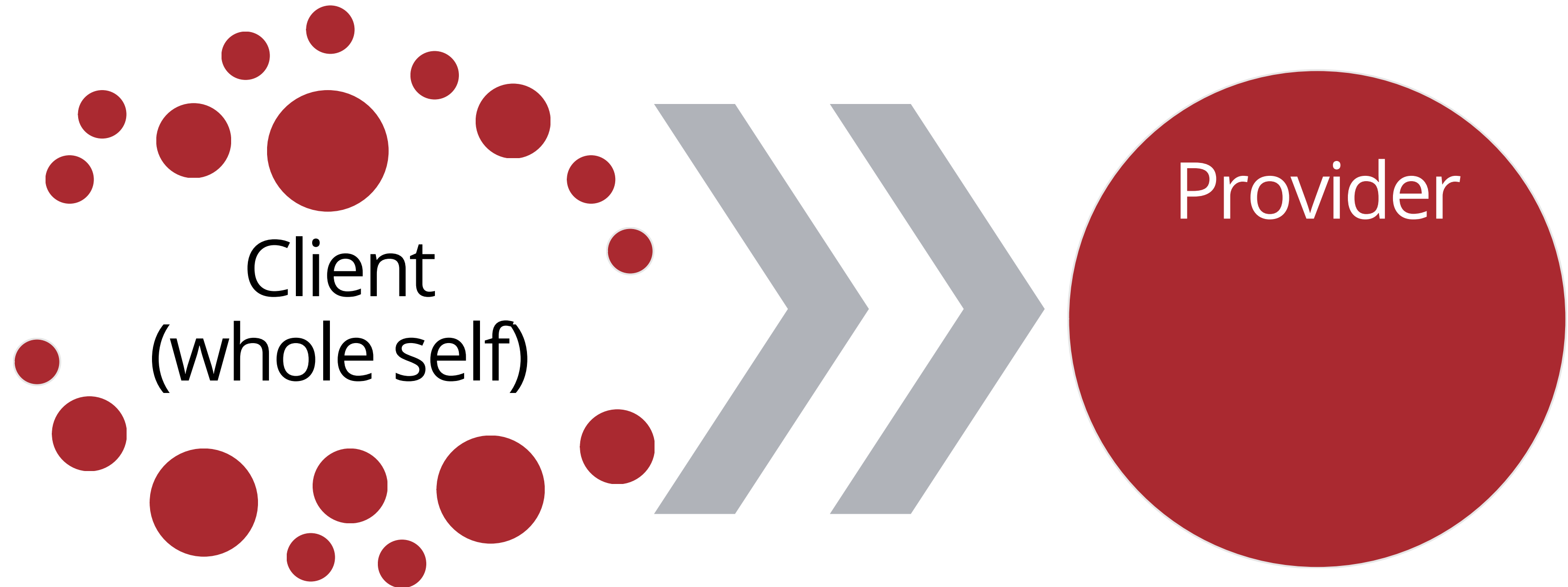
# Influences and Interactions



[info@saebhc.com](mailto:info@saebhc.com)



# Client Engagement and Retention: Serving the Whole Client



# SHARED LINKS

Background on Overdose Fatality Reports:

<https://www.cossapresources.org/Tools/OFR/Resources>

Performance Measures for Medication Assisted Treatment in Correctional Settings

<http://legislativeanalysis.org/wp-content/uploads/2022/12/Performance-Measures-for-Medication-assisted-Treatment-in-Correctional-Settings.pdf>

Peer to Peer Learning, Jail Based

<https://www.cossapresources.org/Learning/PeerToPeer/JailBased>

Opioid Response Network

<https://opioidresponsenetwork.org/>

Social Determinants of Substance Use and Overdose Prevention

<https://www.health.state.mn.us/communities/opioids/prevention/socialdeterminants.html>



## SHARED LINKS

Social-Ecological Predictors of Opioid Use Among Adolescents With Histories of Substance Use Disorders <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.686414/full>

Social-ecological theory, substance misuse, adverse childhood experiences, and adolescent suicidal ideation: Applications for community-academic partnerships  
<https://onlinelibrary.wiley.com/doi/full/10.1002/jcop.22560>

The Opioid Crisis: A Contextual, Social-ecological Framework  
<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-020-00596-8>

NIH National Library Of Medicine - Social Determinants of Mental Health: Where We Are and Where We Need to Go <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6181118/>

Mental Health and Well-being Ecological Model <https://mch.umn.edu/resources/mhecomodel/>

# SHARED LINKS

Circles of Influence (Children, Youth and Family Consortium)

<https://drive.google.com/file/d/17xFc1FixlNNFM-V2-XgFxxCV8SuxuOp6/view>

Mental Health and Well-Being: A Socio-Ecological Model

<https://drive.google.com/file/d/14p1GfTVwbDU96TmkPr0zmP2iJENEIXsk/view>

Social Determinants and the Health of Drug Users: Socioeconomic Status, Homelessness, and Incarceration <https://www.ojp.gov/ncjrs/virtual-library/abstracts/social-determinants-and-health-drug-users-socioeconomic-status>



ASK THE EXPERTS

**DR JULIANNE  
MANCHESTER**

A professionally trained evaluator and process improvement expert with a PhD from the Ohio State University in Quantitative Research, Evaluation and Measurement in Education (earned 2007). Her master's degrees are in Industrial/Organizational Psychology and Educational Policy and Leadership. She is a certified Lean Six Sigma Black Belt. She is the lead author of peer-reviewed publications in Military Medicine, Evaluation and Program Planning, and Performance Improvement.

She has held leadership roles as a Principal Investigator, Program Manager, and Evaluation Scientist on federal (DHHS-HRSA; DoD-DHA; OMH) and state (Ohio) agreements (ODH; ODE; OMHAS; OCMH). She has trained educators, health professionals, medical faculty, and the prevention workforce on building their processes and capacity to improve effectiveness demonstrations in health and behavioral health settings. She has held leadership roles as a Principal Investigator, Program Manager, and Evaluation Scientist on federal (DHHS-HRSA; DoD-DHA; OMH) and state (Ohio) agreements (ODH; ODE; OMHAS; OCMH).

As a facilitator of evaluation knowledge for clients, colleagues, and stakeholders, she strengthens prevention policy, provides capacity support to workforce development programs (e.g., employee assistance, substance abuse, risk reduction, suicide prevention, retail food protection) through logic modeling and strategy development, creates needs assessments and analyzes gaps and redundancies in support of the prevention workforce, and facilitates discussions on suicide prevention planning resources with stakeholders.

She has real world, applied experience spanning over 21 years in program management, evaluation, and research in public health (environmental health, retail food protection, health disparities, suicide prevention, alcohol and drug prevention, coalition building), health (traumatic brain injury, psychological health, delirium, dementia, diabetes, depression, palliative care), K-12 (school safety), and criminal justice sectors. She is an active member of the American Evaluation Association (AEA) (2006 to present), the Maryland Writers' Association, and The Virginia Writers Club.

**Dr. Manchester is SAE's Director of Performance Improvement and Sustainability**, and will be facilitating the Provider Learning Collaboratives moving forward.



ASK THE EXPERTS

**NORWIG DEBYE-  
SAXINGER**

*“Initially there were a lot of illusions in this entire field. That one could cure addiction, such could be pretty quick and comparatively inexpensive. That kind of faded away as people really began to take a look at what the addiction problem is.” – Norwig Debye-Saxinger*

Executive Director of the Therapeutic Community Association of NY and member of the Advisory Board of the Justice Center for the Protection of People with Special Needs.

Born in Germany but educated in the US, Norwig Debye-Saxinger joined the Nelson Rockefeller administration in 1971 as part of the Narcotics Addiction Control Commission, which he stayed with until 1992 through its many iterations.

As part of the state government, Debye-Saxinger was responsible for much of the granting of state funds to addiction services agencies. He also played a critical role in adjusting key state policies that allowed Phoenix House (and others) to receive welfare checks directly from the state, which eased organizations’ participation in the real estate market.

While in Albany, Debye-Saxinger was Julio Martinez’s assistant director for 10 years. In 1993 he began working for Phoenix House as a liaison with the state. Until the present, Debye-Saxinger has continued to aid Phoenix House in negotiating state regulation and licensing, and lobbying for important changes to the law, most notably, Governor David A. Paterson’s changes to the Rockefeller Drug Laws in 2009.



ASK THE EXPERTS

**TARA KUNKEL, MSW**

Executive Director of Rulo Strategies, SAE program evaluator and analyst, and award-winning, nationally known expert in the fields of criminal justice, substance use disorders, law enforcement, and public health, with special expertise around the unique challenges rural justice systems face.

Currently, Tara is working on three wide-ranging national initiatives. Rural Justice Collaborative centers on improving justice inequalities in rural communities, by creating a new model centered on rural leaders developing solutions to rural problems, which can be replicated. A second project, funded by the U.S. Department of Justice, National Institute of Corrections, deals with the effects of extreme stress and “vicarious trauma” and how it directly impacts parole and probation officers. And a third project, the Adoption of Virtual Services in Judicially Led Diversion Programs Initiative, is examining how the COVID-19 pandemic has affected the court system and their justice and treatment partners, as they were forced to operate online.

She has also served as a Senior Drug Policy Advisor at the U.S. Department of Justice, Bureau of Justice Assistance and led the implementation of the Comprehensive Opioid Abuse Program and grew it from a \$27 million grant program in 2017 to \$187 million in 2019.

As an independent consultant, Kunkel has directed over 25 projects within the criminal justice system for various cities, counties and states, as well as overseas.



#### ASK THE EXPERTS

### **MELISSA HEINEN, BSN, RN, MPH**

Senior Research Associate at the Institute for Intergovernmental Research and an integral member of SAE's team of program evaluators and data analysts:

Over 20-years' work experience in injury prevention and epidemiology. Ms. Heinen has worked at the national, regional, state and local level developing, implementing and evaluating behavioral health, injury and violence prevention programs, and has an extensive background in developing performance measures for federally-funded (SAMHSA, HRSA, CDC, and BJA) and state-funded prevention programs and developing and analyzing population-based surveys.

As PI for a SAMHSA Garrett Lee Smith Youth Suicide Prevention grant and lead for state suicide prevention, she has experience working with public health and behavioral health services where she led the development of evaluation plans and data tracking tools to measure program implementation and population-based health outcomes. These data informed program quality improvement processes, tracked services and program activities, assessed fidelity to the programs implemented, provided funders with required data reports, and measured impact at the population and individual level.

As co-PI and epidemiologist for the Minnesota Violent Death Reporting System, Ms. Heinen led the data collection and analysis of 600+ variables from multiple data sources and fatality reviews. As a result, she has strong analytic and statistical skills; specializing in mixed method research. The use of quantitative and qualitative research methods allows for a better understanding of complex programs' strengths and weaknesses to ultimately generate effective program improvement recommendations. This approach has greatly improved stakeholder engagement and program results.

While the director of education and research for a regional poison center, she chaired the American Association of Poison Control Centers Ad Hoc Committee to establish education-related national poison center accreditation/certification performance measures. These recommended measures now serve as the standards for certifying poison center programs. In addition, she helped advance the knowledge and skills of the public educators by co-authoring the American Association of Poison Control Centers Public Education Committee Program Planning Guide, a technical resource document for planning prevention programs – including needs assessment and evaluation. This resulted in me co-presenting several training sessions at the North American Congress of Clinical Toxicology Annual Meeting (2008-2012) on public health education fundamentals (needs assessment, developing and implementing programs and evaluating programs).

Ms. Heinen has been an evaluator with SAE Behavioral Health Consulting since October 2021.



# JOIN US NEXT MONTH

## MONDAY, MARCH 27 @ 4PM EASTERN

### Performance Improvement and Sustainability in Behavioral Health

- How Do We Recognize the Need for It?
- What Do We Do When We Want To Change?
- How Do We Know Our Changes Worked?

### Learning Objectives:

1. Identify collaborative approaches to process mapping and conducting your own root cause analysis with your team;
2. Discuss ways to map and monitor PMIs for tracking and showing change in the right direction;
3. Identify components of logic modeling to support process evaluation activities;
4. Discuss tracking and monitoring mechanisms to support performance improvement efforts.

**REGISTER:** [HTTPS://US02WEB.ZOOM.US/MEETING/REGISTER/TZERD-MTRZSJE9AV\\_STA2ICC2LTVOORO9M2C](https://us02web.zoom.us/meeting/register/tzerd-mtrzsje9av_sta2icc2ltvoor09m2c)

**WE WELCOME THE OPPORTUNITY TO ASSIST YOU & YOUR TEAM.**

Reach out any time to schedule a no-cost consultation.



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