WEBINAR
A criminal justice-engaged research collaborative: Findings and lessons learned from Western Massachusetts

• Everyone will be muted upon entry.

• Please use the Q&A for questions.

• Questions will be answered following the presentation.

We will be starting shortly. While waiting, please enter your name and organization into the chat box.
Welcome!

Community Engagement and Collaboration Core
UMass Center for Clinical and Translational Science

Ed Hayes, Assistant Superintendent
Franklin County Sheriff’s Office

Liz Evans, PhD, MA, Associate Professor
University of Massachusetts Amherst
A criminal justice-engaged research collaborative: Findings and lessons learned from Western Massachusetts

9th Annual Community Engagement and Research Symposium
UMass Center for Clinical and Translational Science
October 14, 2020 at 1pm

Franklin County Sheriff’s Office
• Ed Hayes, Assistant Superintendent
• Levin Schwartz, LICSW, Assistant Deputy Superintendent
• Nickey Guertin, LICSW, MSW
• Louis Freilicher, Community Health Worker

University of Massachusetts Amherst
• Liz Evans, PhD, MA, Associate Professor
• Calla Harrington, LCSW, MSW, MPH, Research Fellow
• Elizabeth Delorme, Research Fellow
### Context

- National need to expand capacity to deliver medications to treat opioid use disorder (MOUD), especially for criminal-justice involved individuals.

- Two Houses of Corrections in Western Massachusetts (HOC, jail), mostly rural.
  
  - In 2015, Franklin County HOC began providing buprenorphine, in addition to naltrexone.
    - Services included buprenorphine induction and continuation at jail entry.
    - Initially focused on sentenced individuals, later included pre-trial individuals.

  - At the same time, Hampshire HOC was providing naltrexone, mostly at HOC exit, and no buprenorphine.

  - Impetus for three projects.


Project 1: Expand jail capacity for MOUD delivery and community re-entry

• The Franklin County Sheriff’s Office (FCSO) was awarded a grant to implement and evaluate a program over three years (2018-2021)
  • Funded by Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Grant No. 1H79T1081387

• Program component
  • Expand capacity to provide medications to treat opioid use disorder (MOUD) to people living in Franklin and Hampshire County jails, both during and after incarceration (n=300)
  • Implement a comprehensive community reentry program
  • Strengthen community-partnerships

• Evaluation component
  • FCSO contracted with UMass Amherst to conduct program evaluation and research
  • Assess MOUD adoption by jails
  • Assess MOUD utilization and outcomes among patients
Project 1: An example of community-based participatory research

The Medication Assisted Treatment and Re-entry Initiative
Year 1 Report

Submitted to
The Franklin County Sheriff’s Office
160 Elm Street
Greenfield, MA 01301

University of Massachusetts Amherst
School of Public Health and Health Sciences
Department of Health Promotion and Policy
Elizabeth Evans, PhD, Principal investigator
Calla Harrington, MPH, MSW
Elizabeth Delorme, BA
Kari Cyr, MA

312 Arnold House, 715 North Pleasant Street
Amherst, MA 01003
413-545-4434
https://www.umass.edu/sphhs/hpp

December 24, 2019

Project 1: Platform for timely pivots
Commentary “COVID-19 and treating incarcerated populations for opioid use disorder”
Christopher J. Donelan, MPA¹, Ed Hayes,¹ Ruth A. Potee, MD,¹ Levin Schwartz, LICSW,¹ Elizabeth A. Evans, PhD, MA²
Project 2: Post-release opioid use trajectories after MOUD in jail
Funded by NIDA 3UG3DA044830-02S1, 2018-2019 (NCE 2021), PI: Peter Friedmann, MD; Co-I Liz Evans, PhD

- Natural experiment
- Research questions
  - What are the post-release outcomes of individuals who received MOUD while incarcerated (pre-release MOUD condition) versus individuals who did not receive MOUD while incarcerated (controls)?
  - Which individual characteristics and treatment factors are associated with post-release MOUD access, utilization, and outcomes among study participants who did and did not receive MOUD while incarcerated?

1-4 year follow-up of 500 adults with OUD, exited jail Jan 2015-Apr 2019:
n=250 received MOUD while at Franklin HOC
n=250 did not receive MOUD while at Hampshire HOC

Master list & initial contact
Contracted jail staff will identify sample, locate (deceased, incarcerated, alive), conduct initial contact

Follow-up interview
Research staff will conduct interview by telephone

Biological samples
Research staff will collect saliva/blood from sub-sample (n=50) and test for substance use and infectious disease (HIV/HCV/syphilis)

Securing administrative data
If available and accessible, obtain electronic records on all prospective participants (n=500)
- National Death Index – Date & cause of death (ICD-10)
- Jail records – MOUD and other addiction treatment – Criminal justice system – Health records

Outcomes
Primary: opioid use trajectories 1-4 years post-release from jail
Secondary: mortality, MOUD access and utilization in the community, recidivism, infectious disease

MOUD: medications for opioid use disorder
Project 2: Building research capacity
Learn about existing administrative data by mining it to define the sample

- Goal: all adults with opioid use disorder (OUD) who exited the two participating jails Jan 2015 – April 2019.
- Did record review August 2018 – Sept 2020.
- Analyzed existing administrative data to identify all adults with OUD who exited in our time frame.
- Verified information by hand, relying on electronic medical records cross-checked against other criminal justice records.
  - has OUD
  - whether received MOUD while in jail
  - date of jail exit
  - other information
- Reviewed criminal justice records by hand to extract indicators of recidivism.
  - Covers events occurring in Massachusetts.
- Total n=469; n=315 (67.2% of total) has >1 year of observation after jail exit.
Project 2: Building research capacity
Conduct follow-up interviews with individuals who exited jail

Initial contact (n=469)
- Consented: 53.5%
- Refused: 7.3%
- Not found: 30.3%
- Deceased: 4.9%
- Incarcerated: 4.9%

Follow-up (n=145)
- Interviewed: 82.9%
- Scheduled: 3.4%
- Refused: 3.4%
- Not found: 8.2%
- Incarcerated: 2.1%
## Project 2: Building research capacity
### Group dynamics in action

<table>
<thead>
<tr>
<th>Baystate Health &amp; UMass Medical School</th>
<th>UMass Amherst, School of Public Health &amp; Health Sciences</th>
<th>Franklin County House of Corrections</th>
<th>Hampshire County House of Corrections</th>
</tr>
</thead>
<tbody>
<tr>
<td>• PI: Peter Friedmann, MD, MPH, DFASAM, FACP</td>
<td>• Co-I: Liz Evans, PhD, MA</td>
<td>• Christopher Donelan, MPA, Sheriff</td>
<td>• Patrick Cahillane, Sheriff</td>
</tr>
<tr>
<td>• Randall Hoskinson Jr., Project Manager</td>
<td>• Elizabeth Delorme, Research Fellow</td>
<td>• Ed Hayes, Assistant Superintendent</td>
<td>• Melinda Cady, Assistant Deputy Superintendent</td>
</tr>
<tr>
<td>• Donna Wilson, MS, Biostatistician</td>
<td>• Calla Harrington, LCSW, MSW, MPH, Research Fellow</td>
<td>• Levin Schwartz, LICSW, Assistant Deputy Superintendent</td>
<td>• Kathryn Peverley, Clinician</td>
</tr>
<tr>
<td>• Kevin Warwick, MSW, Consultant</td>
<td></td>
<td>• Ben Potee, Research Assistant</td>
<td></td>
</tr>
<tr>
<td>• Sam Tarplin, Clinical Research Assistant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Madison Crawford, Clinical Research Assistant</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recidivism after MOUD in Jail: Preliminary results

PI: Peter Friedmann, MD, UMMS Baystate
Co-I: Elizabeth Evans, PhD, UMass Amherst
NIDA 3UG3DA044830-02S1

JCOIN Steering Cmte Meeting, 9/29/20, 1pm
Preliminary results: Time from jail exit to first recidivism event among sample that has \( \geq 1 \) years of obs after jail exit (n=315), unadjusted survival analysis with 95% Hall-Wellner bands

Cox proportional hazards ratio (Hampshire vs. Franklin): 1.66 (1.19, 2.32), p=0.01.

Interpretation: The expected risk of recidivism is 1.66 times higher in Hampshire than in Franklin.

Adjusted for age, jail status, prior incarcerations: 1.86 (1.27, 2.73), p = 0.01.

Restricted to white males only and controlling for age: 1.81 (1.25, 2.63), p=0.01.
Project 3: Massachusetts Justice Community Opioid Innovation Network Research Hub (MassJCOIN)

- Massachusetts is the first state to mandate county jails to deliver all FDA-approved MOUDs.

- MassJCOIN was funded by NIDA, 2019-2024.

- mPIs: Peter Friedmann, MD and Elizabeth Evans, PhD

- Three interrelated aims
  - Longitudinal treatment outcomes
  - Implementation study
  - Economic evaluation
MassJCOIN Aim 1. Longitudinal treatment outcome study
N~7500 detainees with OUD will be eligible over 18 months, ~10%-20% will receive MOUD.

KEY EXPLANATORY VARIABLE
• In-jail MOUD delivery:
  o XR-NTX, BUP-NX, methadone, no MOUD

OTHER EXPLANATORY VARIABLES
• Behavioral SUD and MH treatment
• Recovery support services
• Demographic characteristics
• OUD-related consequences in year prior to detention

SITE-LEVEL, OUD CASCADE PERFORMANCE METRICS
In-jail
• OUD screen rate
• OUD screen positive rate
• MOUD assessment rate
• MOUD referral rate
• MOUD initiation rate

In-community
• OUD appointment rate
• OUD appointment show rate

Post-release
• MOUD initiation rate
• MOUD engagement rate
• MOUD retention rate

PRIMARY OUTCOMES
• MOUD initiation post-release
• MOUD engagement post-release
• MOUD retention

SECONDARY OUTCOMES
• Time-to-overdose
• Opioid overdose fatalities
• ED and hospital utilization
• All-cause mortality
• Reincarceration
• Rearrest

NEEDS EXPANDED EXPLANATION

OTHER EXPLANATORY VARIABLES
• Behavioral SUD and MH treatment
• Recovery support services
• Demographic characteristics
• OUD-related consequences in year prior to detention

SITE-LEVEL, OUD CASCADE PERFORMANCE METRICS
In-jail
• OUD screen rate
• OUD screen positive rate
• MOUD assessment rate
• MOUD referral rate
• MOUD initiation rate

In-community
• OUD appointment rate
• OUD appointment show rate

Post-release
• MOUD initiation rate
• MOUD engagement rate
• MOUD retention rate

PRIMARY OUTCOMES
• MOUD initiation post-release
• MOUD engagement post-release
• MOUD retention

SECONDARY OUTCOMES
• Time-to-overdose
• Opioid overdose fatalities
• ED and hospital utilization
• All-cause mortality
• Reincarceration
• Rearrest

NEEDS EXPANDED EXPLANATION

OTHER EXPLANATORY VARIABLES
• Behavioral SUD and MH treatment
• Recovery support services
• Demographic characteristics
• OUD-related consequences in year prior to detention

SITE-LEVEL, OUD CASCADE PERFORMANCE METRICS
In-jail
• OUD screen rate
• OUD screen positive rate
• MOUD assessment rate
• MOUD referral rate
• MOUD initiation rate

In-community
• OUD appointment rate
• OUD appointment show rate

Post-release
• MOUD initiation rate
• MOUD engagement rate
• MOUD retention rate

PRIMARY OUTCOMES
• MOUD initiation post-release
• MOUD engagement post-release
• MOUD retention

SECONDARY OUTCOMES
• Time-to-overdose
• Opioid overdose fatalities
• ED and hospital utilization
• All-cause mortality
• Reincarceration
• Rearrest

NEEDS EXPANDED EXPLANATION
MassJCOIN Aim 2. Implementation study

N = key stakeholders, staff, and detainees in 7 jails; 5 Waves (Months 6, 18, 36, 48, 55).

CLIMATE
- Type of agency
- Staffing
- EPIS

TARGET MECHANISMS
- Implementation strategies
- Performance monitoring
- Interagency teams
- Common goals and mission
- System integration

IMPLEMENTATION OUTCOMES
- No. screened and assessed
- No. served by MOUD or other BH tx in county
- No. provided care coordination post-release

IMPLEMENTATION PROCESSES & CRITICAL INCIDENTS
(Triangulation, enriched description, fidelity, cost)
- Processes, critical incidents
- Fidelity to MOUD implementation strategies
  - Economic study
MassJCOIN Aim 3. Economic evaluation

- Cost to the correctional system of implementing MOUD in jail
- From state-policymaker and societal perspectives, compare the value of MOUD prior to release from jail to no MOUD among matched controls

**Table 3: Unit Cost Sources**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Utilization Data</th>
<th>Policymaker</th>
<th>Societal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare services</td>
<td>Source</td>
<td>PHD</td>
<td>MMS</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>PHD</td>
<td>MMS</td>
<td>Medicare</td>
</tr>
<tr>
<td>Outpatient visit</td>
<td>PHD, community partner</td>
<td>MMS</td>
<td>Medicare</td>
</tr>
<tr>
<td>ED</td>
<td>PHD</td>
<td>MMS</td>
<td>Medicare</td>
</tr>
<tr>
<td>Mental health</td>
<td>PHD, community partner</td>
<td>MMS</td>
<td>Medicare</td>
</tr>
<tr>
<td>Inpatient detox</td>
<td>PHD, community partner</td>
<td>MMS</td>
<td>Medicare</td>
</tr>
<tr>
<td>Residential</td>
<td>PHD, community partner</td>
<td>MMS</td>
<td>Medicare</td>
</tr>
<tr>
<td>Medications</td>
<td>MOUD Prescriptions</td>
<td>PHD</td>
<td>MMS</td>
</tr>
<tr>
<td>Other resources</td>
<td>Criminal justice activities</td>
<td>PHD, BLS</td>
<td>McCollister (2010)(^{131})</td>
</tr>
<tr>
<td></td>
<td>Social services</td>
<td>PHD</td>
<td>McCollister (2017)(^{132})</td>
</tr>
</tbody>
</table>

Notes: OUD = opioid use disorder; PHD = Public Health Data Warehouse; FFS = Fee-for-Service; BLS = Bureau of Labor Statistics; FSS = Federal Supply Schedule; MMS = Medicaid MarketScan.
JCOIN Vision & Priority Goals

**Vision**

*Every individual* involved in the justice system with a substance use disorder *should have access to effective treatment*, while detained and while in the community.

**Priority Goals**

- Generate **new evidence** about what works and how to effectively implement
- Become a **go-to resource** for researchers and practitioners
- Develop a **network of researchers collaborating with practitioners** across justice and community-based service settings.
- **Build capacity** to conduct and apply research in justice settings
- Speed translation of **science to solutions** and create feedback loops.
MASSACHUSETTS (MA)
Evaluating state pilot of MOUD in jails
JAIL (7)

NYSPI (NY)
Implementing new opioid court model
DRUG COURT (10)

U of KENTUCKY (KY)
Telehealth/ MOUD engagement for women
JAIL (9)

U of CHICAGO (IL)
Recovery case management + harm reduction
JAIL (4) / PRISON (2)

CHESTNUT (IL)
Adaptive version of Recovery Management Checkups
JAIL (7)

YALE UNIV. (CT/MN/NY/NC/PR)
CHWs + primary care for OUD
JAIL (6)

TCU (IL/NM/TX)
Strategies to implement opioid tx linkage model
PROBATION/PAROLE (18)

YALE-HIV (CT/TX)
Peer navigators vs mobile health units for OUD+HIV
PROBATION/PAROLE (4)

BROWN U. (NC/PA/RI)
Organizational linkages + peer support
PROBATION/PAROLE (7)

U of WISCONSIN (HI/VA/WI)
NIATx vs ECHO implementation strategies
JAIL (30)

STATE POLICY ROLLOUTS

MOUD COMPARATIVE EFFECTIVENESS
NEW YORK UNIV (CT/DE/NH/NJ/OR)
XR-NTX vs Sublocade
JAIL (5)

FRIENDS RESEARCH (MD)
XR-NTX vs Brixadi
JAIL (10)

ORGANIZATIONAL IMPLEMENTATION

INTERVENTIONS
JCOIN has grown and continues to grow!

**September 2019:**
- 82 counties
- 16 states
- 10 clinical trials

**September 2020:**
- 117 counties
- 27 states
- 13 clinical trials
JCOIN Priority Goals & Components

**Research**
- Clinical Trials (13)
- Surveys (11)
- Implementation Studies
- Policy Research
- Modeling Studies (9)
- Rapid Innovation Grants (up to 4/year)
- Cross-cutting Protocols & Research Questions
- Common Measures

**Dissemination**
- Communication & Information Dissemination
- Outreach to Agencies and Funders
- Data commons

**Training & Outreach**
- Researcher Training
- Practitioner Training
- Technical Assistance & Outreach to the Field
- Online Training Resources (J-TEC)

**Build Capacity**
- Researcher Training
- Practitioner Training
- Technical Assistance & Outreach to the Field
- Online Training Resources (J-TEC)

**Stakeholder Engagement**
- Steering Committee
- Practitioner Board
- Outreach to Stakeholder Communities

**Crosscutting Foundation:** Collaborative Network of Researchers and Practitioners
Build Capacity: Engaging New Investigators

• Learn Experiences to Advance Practice (LEAP) Training Program
  o Conducted rigorous needs assessment to align program with demand
  o 9 JCOIN PI’s as faculty/mentors
  o Recruited first cohort:
    ▪ **Scholar Track (1 year):** 10 practitioner-scholars
    ▪ **Investigator Track (2 years):** 5 researcher-investigators
    ▪ 55 applications received
    ▪ Participants across a diverse range of perspectives (e.g., social work, law, sociology, psychology, nurse practitioner, public health)
  o Coordination with Curt Beckwith’s NIDA R25

Leads: Danielle Rudes & Warren Ferguson
We are rebuilding the plane while trying to fly it. We all have a piece.
Collaboration is a chance to use your PhD for a purpose

A Public Health Conceptual Model

Collaboration is a chance to diffuse innovations and address “knowledge-do” gaps

![Diagram of the adoption process showing the diffusion of innovations](image)

<table>
<thead>
<tr>
<th>How Policy Makers Perceive Research</th>
<th>How Researchers Perceive Policy</th>
<th>How Communities and Practitioners Perceive Policy and Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of timeliness</td>
<td>Decisions based on political preferences and money</td>
<td>Both disconnected from real lived experiences of the persons on whom they are doing research or for whom they are making policy</td>
</tr>
<tr>
<td>Politically irrelevant research</td>
<td>Lack of scientific evidence</td>
<td></td>
</tr>
<tr>
<td>Research for the sake of research</td>
<td>Too much partisanship</td>
<td></td>
</tr>
<tr>
<td>Too much focus on describing and managing the problem</td>
<td>Manipulation of data to support a political position or agenda</td>
<td>Lack of personal contact among researchers, policy makers, and those most affected by the problem</td>
</tr>
<tr>
<td>Lack of applicability to “real-life” solutions</td>
<td>Lack of political will or action</td>
<td>Not enough action</td>
</tr>
</tbody>
</table>

Everett Rogers (1962), Diffusion of innovations theory.

Collaboration is a chance to achieve health equity

- Everyone has a fair and just opportunity to be as healthy as possible.

- Requires removing obstacles to health
  - poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

- Reduce and eliminate disparities in health and its determinants that adversely affect excluded or marginalized groups.
Keep Going!
Mechanisms for collaboration: A reflective and generative conversation

“Collaborations move at the speed of trust”

Questions!
Next Webinar

Developing a Strategic Plan for Community Based Research in Springfield

Panelists will discuss leveraging existing and potential partnerships towards research that emanates from needs of the community and addresses these needs in a systematic, rigorous, and sustainable manner.

October 29, 2020, 3:00 – 4:00 PM

Panel Presenters:

Paul Pirraglia, MD, MPH, Chief of the Division of General Medicine and Community Health at Baystate Medical Center

Andrew Balder, MD, Medical Director, Baystate Mason Square Neighborhood Health Center

Cristina Huebner Torres, PhD, MA, Caring Health Center, Vice President-Research and Population Health

Peter Lindenauer, MD, Assistant Dean for Population Health at the University of Massachusetts Medical School – Baystate

Frank Robinson, PhD, Vice President, Public Health, Baystate Health

Kathleen Szegda, PhD, MPH, MS, Director of Community Research and Evaluation at the Public Health Institute of Western MA