



Peer Integration Into the Medication-Assisted Treatment (MAT) and Other Jail-Based Treatment Programs

June 23, 2021

Welcome and Introductions

Welcome

- Lauren Marshall, MPH, MPP
- Amy Molinski, CSAC
- Janet Fleege, MS, MA CAPSW
- Annie Ramniceanu, LCMHC, LADC

Guest Presenter – Amy Molinski



- Certified Substance Abuse Counselor and Peer Support Specialist at Community Medical Services: Opioid Treatment Program
- Works with Milwaukee Overdose Response Initiative
 - Connects individuals to harm reduction and treatment services
- Works with justice involved individuals on MAT in Milwaukee County Jail

Guest Presenter – Janet Fleege



- Certified Advanced Practice Social Worker in Wisconsin
- Assistant Program Administrator for the Community Access to Recovery Services through the Milwaukee County Behavioral Health Division
 - Oversees access to Milwaukee County community based AODA services
- Holds a dual Master's in Sociology and Education
- 35 years experience in human services work
- Trained as group facilitator with focus on sensitive issues, as well as in quality improvement
- Committed to social justice and working with and for diverse populations

Guest Presenter – Annie Ramniceanu



- Executive Director of Mental Health and Addiction Services at Vermont Department of Corrections
- Licensed Clinical Mental Health Counselor and Licensed Alcohol and Drug Counselor
- Over 15 years experience working in field of community based integrated mental health and substance use disorder with justice involved populations
- Appointed by Governor Peter Shumlin as first Pretrial Services Director and reappointed under Commissioner of Corrections
- Worked on legislative Act 176 which stipulates MAT options be made available to individuals incarcerated in Vermont correctional facilities

Learning Objectives

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- After this session you will be able to:
 - Describe MAT and other jail-based treatment programs and how they integrate peer specialists
 - Identify changes to organizational practices and procedures necessary for the successful integration of peer work
 - Discuss training for peer specialists and departmental staff to prepare for peer services
 - Explore important stakeholder partnerships
 - Describe outcomes of programs to date

EVERYONE NEEDS A PEER

MAT Behind the Walls

Amy Molinski and Janet Fleege

Partnership and Purpose

- Milwaukee County BHD/CARS has partnered with the Milwaukee House of Correction (HOC), the Department of Corrections/Community Corrections (DOC), Wellpath, Community Medical Services (CMS), University of Wisconsin Milwaukee (UWM), and Wisconsin Community Services (WCS) to provide MAT behind the walls.
- To reduce the risk of overdose death and enhance treatment and recovery service engagement among the post-trial population prior to community reentry. This is done by implementing Naltrexone (Vivitrol) as an MAT for sentenced and sanctioned offenders in custody at the Milwaukee County HOC, and by supporting the transition to community-based services once these individuals are released from custody.
- The long-term goal during the grant will then be to provide all 3 forms of FDA approved medically assisted treatment behind the walls.

Eligibility and Requirements

- Participants must volunteer for the program
- Have medical and substance abuse assessment (clinical opiate withdrawal scale - COWS)
- Have a release date
- Live in Milwaukee County
- Be medically cleared to take Naltrexone (Vivitrol)
- Assigned case manager from Wellpath
- Meet therapist and peer from CMS for weekly meetings
- Complete mental health questionnaire and actively participate in treatment planning
- Up to 3 Vivitrol injections and minimum of 2 weeks of Suboxone, prior to release
- Cognitive Behavioral Programming to align with evidenced based practices
- Access to Milwaukee county resources
 - Recovery Support Coordinator (RSC)
- Bus passes and Narcan provided at release

Peer Support Definitions

- **Peer Support Specialist (PSS)**—an individual who has significant life altering experiences (referred to as lived experience) with substance use disorder, mental health diagnoses and/or criminal justice involvement.
- **Approved Peer Support Employment Training Program**—a certificate is obtained based on the completion of a recognized peer support curriculum from an accredited organization that ensures the peer is adequately trained to perform the work assigned.
- **Peer Support Services**—programs , discussions, events, groups, etc. that take place within the structure of the Opioid Program (OTP) that are led by the individual in recovery and are based on the discipline of peer support.

Prepping for Peer Specialists

- Milwaukee County/HOC/Wellpath pilot project prior to receipt of grant
 - Opportunity to establish/build relationships
 - Inclusion of peer specialist in planning stages
 - This allows the peer to find their place and for the team to find their place with the peer
 - The peer's VOICE is essential
 - Peer Specialist shares their experience and story
 - Talks about the benefits of peer support
 - Explains the role of the peer
 - Diverse and real-life experience
 - Provide education that includes evidenced based data that supports the work of and inclusion of peer support specialists
 - To the planning group
 - Mental Health of America
 - Increased engagement
 - Quality of life
 - Use of outpatient services
 - Lowered overall cost of services

Training, Not Just For Peer Support Specialists

Address incorrect perceptions about the functions of MAT medications. Evidenced based trainings provided to HOC correctional officers; WI DOC agents; Wellpath medical and behavioral health staff; and CMS Peer Specialists, Behavioral Health Clinician, and Milwaukee Clinic Manager.

- “Effective Use of MAT in an Opioid Dependent Population” provides up-to-date information and guidance in the treatment of OUD, including the effective use of all the FDA-approved medications.
- “Medication-Assisted Treatment for Peer Recovery Coaching” provides Certified Peer Specialists with information they need about MAT in their role providing support and guidance.
- “Improving Cultural Competence in Substance Abuse Treatment” provides the knowledge, skills, and strategies to serve diverse clients, families, and communities using culturally competent services.
- Matrix Model Training: Basic Core. training on the “Evidence-Based Matrix Model of Intensive Outpatient Treatment,” an effective protocol in treating OUD.
- Motivational Interviewing: Beginner's course, refresher training, and then monthly MI learning groups onsite.
- Matrix Model Training: Criminal Justice Settings: training on using the Matrix Model to meet the unique needs of law involved clients and includes a focus on criminal thinking, re-entry, and adjustment issues.
- Matrix Model Supervisor Training: training for individuals responsible for implementing the model, maintaining trained staff, and assuring fidelity to the EBP.

Peer Support Specialists in Milwaukee

- Milwaukee County has used Peer Support Specialists in many facets of care including but not limited to BJA, Drug Treatment Court, Wraparound, MORI, Crisis Services, Inpatient Services, and SUD Treatment
- Peers are an integral piece of our BJA MAT program and have always had a place at the table to discuss policy and procedure of the program
- Our peers work closely with the Wellpath Case Manager which is located directly in the House of Correction
 - This relationship has assisted in a smoother transition of peers into the jail because of allyship
- Peer knowledge and experience is considered as important and pertinent as our master's level clinician, case manager, and medical staff

So What Does a Peer Do with the MHOC?

- Connects weekly with peer
- Provides unique addition to treatment with use of self disclosure and undeniable connection
- Assists with job applications, housing resources, connections and applications, state identification replacement
- Will meet with participant on day of release, assist with ease at intake to CMS, regular contact (driven by participants request)
- Works closely with assigned therapist and Wellpath case manager to ensure

What Do Participants Think?

- “It just really helps to know that you have been there. It gives me hope cause you look like you are so happy.”
- “Thanks for not making me explain it so much. It’s like you just know what I am going through.”
- “I love how you can almost finish my sentences. It’s like we have been friends forever.”
- “Oh man! You get it. It’s so nice to have someone that actually gets me.”
- “Sometimes I think you care about me more than people I have known my whole life.”

Current Status

- 17 active participants in custody
 - 8 received first shot, 3 received 3 shots
- 41 released into the community
- 41 potential participants
- Over 80 vivitrol shots given in House of Corrections
 - This includes newer participants from the jail
- Active participants have been linked with a Peer Support Specialist and Clinician from CMS
 - 390 peer specialist and clinical contacts have been made prior to release
- Active participants are engaged with a case manager with Wellpath, within House of Corrections
- Active participants are linked with a Recovery Support Coordinator upon release
- Active participants are screened and referred to appropriate community resources to address their identified needs
- Potential participants are provided with information surrounding MAT and their options even if they decide against the program

Contact Information

Amy Molinski

Community Medical Services

414-885-3525

amy.molinski@cmsgiveshope.com

Janet Fleege

Milwaukee County Behavioral Health
Division

414-257-6925

janet.fleege@milwaukeecountywi.gov



Peer Integration into Medication-Assisted Treatment (MAT) and Other Jail-Based Treatment Programs

In Vermont correctional facilities, peer recovery support services (PRSS) called Open Ears Coaches were developed six years ago to address opioid and other substance misuse, mental health conditions and lived experience of incarceration to achieve positive outcomes with MAT and other jail-based treatment programs.

Annie Ramniceanu, LCMHC, LADC
Executive Director
Addiction and Mental Health Treatment
Vermont Department of Corrections
Annie.Ramniceanu@vermont.gov

VT DOC and Medication-Assisted Treatment Program administered through contracted Health Services

6 facilities across state: Pre Covid : Average in state daily Population +/- 1750

Bed capacity by facility 115 -366

Integrated System: Detainees, sentenced; jail< 1 year; and Prison> 1 year and Federal

“ ADP +/- Snapshot”

Male: 1380; Female: 163; Detainees: 376;
Feds: 62; Out of state: 220

VTDOC MAT by the numbers since July 1, 2018

Well over 1000 unique patients have been provided MAT since ACT 176 went into effect

Over half have been deemed medically necessary through VDOC screening/assessment process

The other 35/40% +/- have been continued via verified prescriptions at intake

As of 5.30.21 unique patients:

- 567 on “MAT” medications
 - 484 on Subutex
 - 75 on Methadone
 - 10 on Naltrexone

MAT and other
jail-based
treatment
programs and
integration of
peer recovery
specialists

Beginning with
MAT—as Per
VT ACT 176

[Draft Bill Template \(vermont.gov\)](http://vermont.gov)

Continue all inmates with verified prescription of any FDA approved MAT

At any time during incarceration, provide OUD screening/ assessment and determine medical necessity for MAT

If Buprenorphine or Naltrexone is not clinically indicated ...then access to methadone assessment, induction and maintenance via VT Community based OTP HUB system will be facilitated

Re- Induct or Induct all patients, pre-release, if medically necessary, as part of release planning

Provide care coordination (appointments and bridge prescription) at release: VT Hub & Spoke Provider System

Behavioral Component is required if medically necessary

Evaluate effectiveness by 2022

Substance Abuse and
Mental Health
Services
Administration:

**Recovery
Oriented System
of Care—peers
services in a
menu of options**

Behavioral Component: Treatment and Recovery Services are voluntary until medically necessary

Medical necessity (at present) is triggered when a patient is aggressive

Individual counseling via sick slip

Integrated Change Therapy: 16 session Group Tx: Cognitive Behavioral Therapy (CBT) and Motivational Enhancement Therapy (MET)

Forensic Peer Recovery Coaches: Open Ears Program: Largest facility: +/- 150 Individual contacts/week; co-facilitated Group Re-entry service; Connection to community Recovery Coach prior to release via VT Recovery network

Breaking Free: Technology Assisted Care (TAC)

Vermont Recovery Network Centers partnership: NA/AA, MAR and SMART Recovery groups; Forensic Component to the Academy

Identify changes to organizational practices and procedures necessary for the successful integration of peer work

- Identify internal and external stakeholders and development partners
- Educate stakeholders with information distilled to their level of system/scope of work
- Clarify/define roles—behaviorally
- Assess buy in—think and act with strength-based approach
- Work with facility leadership to ID Peer Recovery Coach candidates
- Develop training content; operationalize delivery—inmate and staff
- Develop organizational/operational structure (program/service mission; vision; on going supervision and support
- Develop facility level/organizational level guidance/directive that aligns with the aforementioned
- Train support staff who will be directly involved in the roll out and on-going support
- Centralized oversight
- Develop annual training/refresher

Training for Peer Recovery Specialists and Departmental staff

- PeerStar LLC (PA) supported the first training—subsequent trainings are conducted using internal resources
- 2-week training:
 - 1st week training focus on Recovery Coaching
 - 2nd week adaptation for forensic pop-lead by a Forensic Peer
- Tenets and framework and definitions of Recovery and recovery Coaching as per SAMHSA
- Co-occurring content—awareness of both substance use disorders/Opioid Use disorders and mental health conditions; lived experience of incarceration
- Focus on: ROSC—“no wrong door” and “no one way”; active listening/reflecting; inspiring hope; using self disclosure/own story as example not as “do as I do”; MaryEllen Copeland WRAP model; coping skills; QPR suicide
- Mapped against Vermont Recovery Network/Academy community-based training
- Concurrent staff training: two-day training—broad overview of recovery coaching and implications for practice and integration

Explore important stakeholder partnerships

Pros and Cons of external Training partner?

Pros and Cons of State Resources?

System assessment: who needs to be considered. Why? When?
What? How?

- For general awareness? Low impact from change. Strategic action: general Information
- For more specific information? Moderate Impact from change. Strategic action: targeted Information
- For decision making? Mod Hi Impact from change. Strategic action: timely specific direct involvement
- For direct instrumental/operational input? Hi impact from change: Strategic action: timely specific direct involvement
- For Technical Assistance? Hi involvement in change. Strategic action: timely specific direct involvement

Describe
outcomes of
programs to
date:
Anecdotal;
Formal—
coming
soon!

Facility leadership and staff buy in- evidenced by statewide roll out. And Operational inclusion.

Correctional officer buy in – testimonial responses to “ thank you” emails; daily utilization and support.

Open Ears Coach buy in – most coveted correctional job- no opting out; longitudinal analysis about Coaching and effect on returns- as effective as EBP RNR dose?

Impact on culture of facility- systemic compassion, respect, resilience.

Impact on individuals – inmates and officers- “it’s so quiet!!”

Urban Institute: Prison Research and Innovation Grant [Prison Research and Innovation Initiative and Network | Urban Institute](#).

Norwich University. Dr. Stephanie Maass. Formal qualitative and quantitative evaluation beginning in August.

Contact Information

Annie Ramniceanu, LCMHC, LADC

Executive Director

Addiction and Mental Health Treatment

Vermont Department of Corrections

annie.ramniceanu@vermont.gov

Questions?

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Janet Fleege

Milwaukee County Behavioral Health
Division

janet.fleege@milwaukeecountywi.gov

Amy Molinski

Community Medical Services

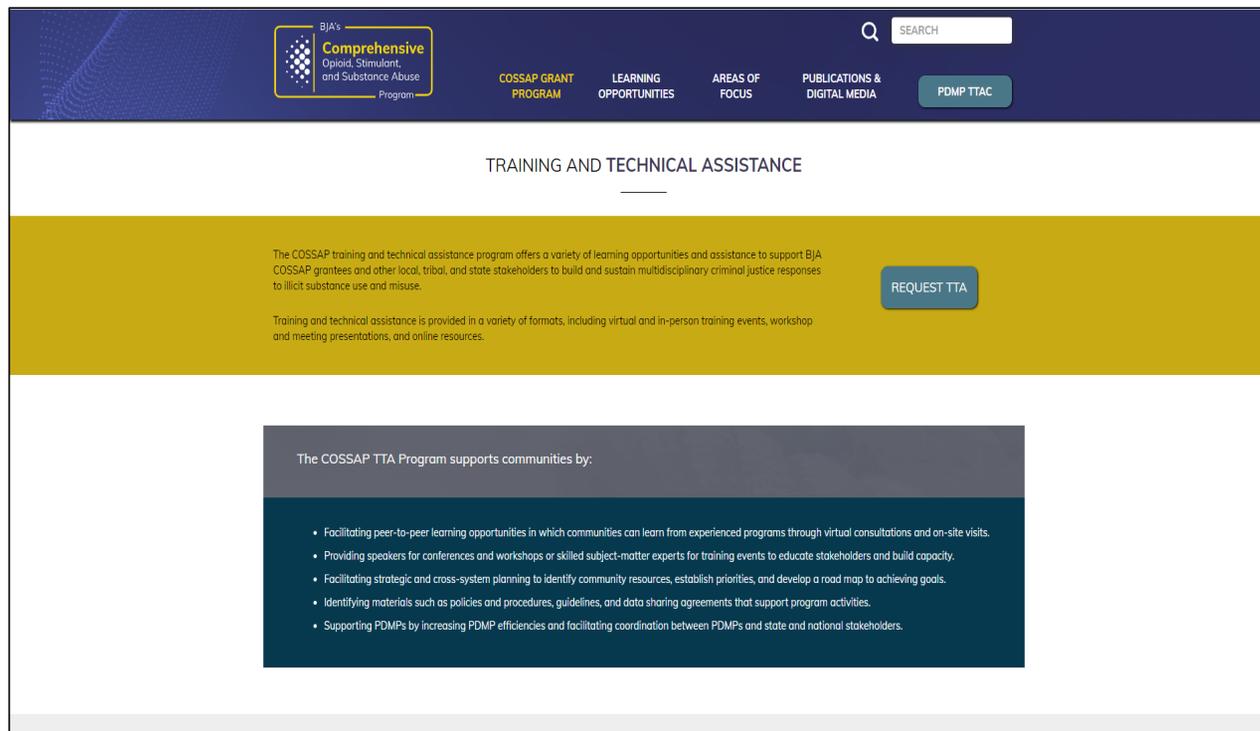
amy.molinski@cmsgiveshope.com

Annie Ramniceanu, LCMHC, LADC

Vermont Department of Corrections

annie.ramniceanu@vermont.gov

<https://cossapresources.org/Program/TTA>



The screenshot shows the website's navigation bar with the logo on the left and menu items: COSSAP GRANT PROGRAM, LEARNING OPPORTUNITIES, AREAS OF FOCUS, PUBLICATIONS & DIGITAL MEDIA, and a PDMP TTAC button. A search bar is also present. The main heading is "TRAINING AND TECHNICAL ASSISTANCE". Below it, a yellow banner contains the text: "The COSSAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse." and a "REQUEST TTA" button. A second paragraph states: "Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources." Below this, a dark blue box titled "The COSSAP TTA Program supports communities by:" contains a bulleted list of services.

BJA's **Comprehensive**
Opioid, Stimulant,
and Substance Abuse
Program

COSSAP GRANT PROGRAM LEARNING OPPORTUNITIES AREAS OF FOCUS PUBLICATIONS & DIGITAL MEDIA PDMP TTAC

TRAINING AND TECHNICAL ASSISTANCE

The COSSAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse.

REQUEST TTA

Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources.

The COSSAP TTA Program supports communities by:

- Facilitating peer-to-peer learning opportunities in which communities can learn from experienced programs through virtual consultations and on-site visits.
- Providing speakers for conferences and workshops or skilled subject-matter experts for training events to educate stakeholders and build capacity.
- Facilitating strategic and cross-system planning to identify community resources, establish priorities, and develop a road map to achieving goals.
- Identifying materials such as policies and procedures, guidelines, and data sharing agreements that support program activities.
- Supporting PDMPs by increasing PDMP efficiencies and facilitating coordination between PDMPs and state and national stakeholders.

A cluster of blue spheres of varying sizes, arranged in a roughly circular pattern, is located on the left side of the yellow-bordered box.

BJA's

Comprehensive
Opioid, Stimulant,
and Substance Abuse

Program