



**KING COUNTY**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Signature Report**

**Motion 16259**

**Proposed No.** 2022-0426.1

**Sponsors** Zahilay

1           A MOTION acknowledging receipt of the report on  
2           Evaluation of Medication for Opioid Use Disorder Services  
3           Available at King County Jails required by the 2021-22  
4           Biennial Budget Ordinance, Ordinance 19210, Section 48,  
5           Proviso P1, as amended.

6           WHEREAS, the 2021-22 Biennial Budget Ordinance, Ordinance 19210, Section  
7 98, Proviso P1, as amended, requires the executive to transmit a report on the  
8 effectiveness of jail health services's treatment connections programs, programs that  
9 address, through medically assisted treatment, the needs of those patients with opiate use  
10 disorder and addiction issues detained in the King County adult detention facilities, and

11           WHEREAS, the proviso further requires the executive to submit a motion that  
12 acknowledges receipt of the final report;

13           NOW, THEREFORE, BE IT MOVED by the Council of King County:

14           The receipt of the final report on the evaluation of medication for opioid use  
15 disorder services available at King County jails, which is Attachment A to this motion, in

Motion 16259

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- 16 compliance with 2021-2022 Biennial Budget Ordinance, Ordinance 19210, Section 48,
- 17 Proviso P1, as amended, is hereby acknowledged.

Motion 16259 was introduced on 11/15/2022 and passed by the Metropolitan King County Council on 12/13/2022, by the following vote:

Yes: 9 - Balducci, Dembowski, Dunn, Kohl-Welles, Perry, McDermott, Upthegrove, von Reichbauer and Zahilay

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

DocuSigned by:  
  
F8830816F1C4427...  
Claudia Balducci, Chair

ATTEST:

DocuSigned by:  
  
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Melani Pedroza, Clerk of the Council

**Attachments:** A. Evaluation of Medication for Opioid Use Disorder (MOUD) Services Available at King County Jails, October 2022

**Evaluation of Medication for Opioid Use Disorder (MOUD) Services Available at King County Jails**

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October 2022



**King County**

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## I. Proviso Text

Of this appropriation, \$100,000 shall not be expended or encumbered until the executive transmits a report on the effectiveness of the Jail Health Services' Treatment Connections programs, programs that address, through medically assisted treatment, the needs of those patients with opioid use disorder and addiction issues detained in the KING COUNTY adult detention facilities and a motion that acknowledges receipt of the report, and a motion acknowledging receipt of the report is passed by the council (Ordinance 19210, Section 48, Jail Health Services, P1<sup>1</sup>). For purposes of this Proviso, "patients" means those persons who receive medically assisted treatment through Jail Health Services' Treatment Connections programs. The motion should reference the subject matter, the Proviso's ordinance number, ordinance section and Proviso number in both the title and body of the motion. The report shall include, but not be limited to:

- A. The total number of patients who have received medically assisted treatment in detention by year, for the period of January 1, 2018, through March 31, 2022, including data on the type of medically assisted treatment, including the use of buprenorphine or methadone, for each inmate. For the purposes of the report and to eliminate double counting, data should be based on the individual patient not the number of bookings associated with a patient;
- B. The number of patients who were already receiving medically assisted treatment at the time of their booking and detention for the period of January 1, 2018, through March 31, 2022, including data on the type of medically assisted treatment, including the use of buprenorphine or methadone, that each inmate had been receiving before detention;
- C. The number of patients who initiated medically assisted treatment after beginning detention for the period of January 1, 2018, through March 31, 2022, including data on the type of medically assisted treatment, using buprenorphine or methadone, that each inmate initiated during detention;
- D. For the period of January 1, 2018, through March 31, 2022, the number of patients who received medically assisted treatment in detention and were released , including data on: whether the patient received a supply of buprenorphine at the time of release for use upon reentry into the community; the number of patients who, before release from detention, received appointments for the continuation of treatment services in through other KING COUNTY treatment service programs; and, whether the patient received peer support services in order to connect with services in the community upon release;
- E. For the period of January 1, 2018, through March 31, 2022, an evaluation of the efficacy of the treatment programs as measured by data on those patients who received medically assisted treatment in detention and then returned to the community ("released patients") to include: the retention rate and frequency of released patients' visits for the provision of medically assisted treatment services provided through other King County supported treatment service programs; the results of toxicology reports or drug testing for released patients receiving medically assisted treatment; the number of visits to hospital emergency departments or for other hospitalizations for these released patients; the use by released patients of other substance use disorder services provided through King County supported programs; new arrests; new bookings into detention; and mortality information for released patients;
- F. An evaluation of the impact on patients' lives after the initiation of medically assisted treatment through a survey of currently detained as well as former inmates. The survey should include a question about the patient's quality of life pre- and post-initiation of medically assisted treatment;

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<sup>1</sup> King County Ordinance [19210](#).

G. Budget data showing all revenue sources and costs associated with jail health services' treatment connections programs;

H. A comparison of the results of the jail health services' medically assisted treatment outcomes, based in the evaluation required by section E. of this Proviso, with the outcomes of other medically assisted treatment programs operated by other providers in King County, including the cost of the programs; and

I. A comparison of the results of the jail health services' medically assisted treatment outcomes, based in the evaluation required by in section E. of this Proviso, with the outcomes of other medically assisted treatment programs operated by providers in other Washington state counties, including programs operated in state, county and local adult detention facilities throughout the state, including the cost of those programs.

In preparing and completing the report required by this Proviso, jail health services shall consult with stakeholders, including representatives of the behavioral health and recovery division of the department of community and human services, the department of public health, and Washington State Department of Health.

The executive should electronically file the report and a motion required by this Proviso no later than October 15, 2022,<sup>2</sup> with the clerk of the council, who shall retain an electronic copy and provide an electronic copy to all councilmembers, the council chief of staff and the lead staff for the law and justice committee, or its successor.

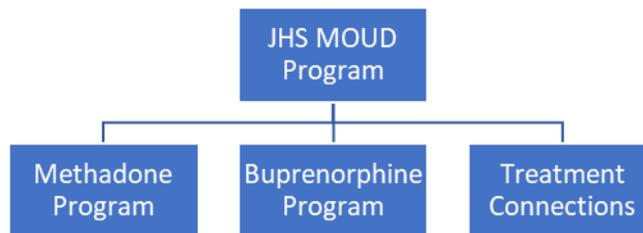
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<sup>2</sup> [Ordinance 19443](#) granted approval of extension.

## II. Executive Summary

Jail Health Services (JHS), a division of Public Health – Seattle & King County, provides healthcare services to individuals incarcerated in King County’s adult correctional facilities. Included in JHS healthcare services scope of practice is treatment for opioid use disorder (OUD). In this report, medications for OUD (MOUD) specifically refers to the medications methadone and buprenorphine, which are the standard of care for OUD treatment.

JHS provides MOUD, as well as supportive services to connect patients to OUD treatment in the community upon release from incarceration. These services are collectively referred to as the JHS MOUD Program. Within the JHS MOUD Program are the Methadone Program, the Buprenorphine Program, and the Treatment Connections Program.



The JHS MOUD program provides continued treatment with methadone or buprenorphine for patients with a verified prescription prior to incarceration, referred to as “continuations,” as well as initiations of buprenorphine for patients with OUD, referred to as “inductions.” The JHS Methadone Program was initiated in 2008; the Buprenorphine Program was initiated in 2018, and Treatment Connections, which assists patients in connecting with treatment services in the community upon release, began in 2020. As the JHS MOUD program expanded incrementally, medication and service options for patients grew between June 2018 and June 2021. The following results demonstrate the efficacy of the program as reflected by available data as required by the Proviso.

**Methodology and Limitations:** Patients receiving MOUD are tracked in the JHS electronic health record. To assess post-release outcomes, a patient roster was compared against several data sources, including King County Jail booking data, DCHS’ Behavioral Health Information System & Client Outcomes Reporting Engine for MIDD-Funded Programs, Medical Examiner and Vital Statistics Data, and Medicaid claims data. Medicaid claims data was used because 85 percent of JHS MOUD participants were Medicaid recipients at the time of booking. All data reported in this report reflects data collected from January 1, 2018, through March 31, 2022, as required by the Proviso.

There are several limitations to the data in this report.

1. Several barriers exist to obtaining complete data on post-release treatment engagement, including challenges in linking detention records of MOUD patients with records from healthcare received in the community. This may have resulted in underestimates for post-release data.
2. The common use of aliases at the time of booking may have impacted comparisons between detention records and other administrative sources, potentially resulting in underestimates for post-release data.
3. Medicaid claims data does not capture all patients, again potentially resulting in underestimates for post-release data.

4. Due to the requirements of federal guidelines governing confidentiality of SUD data and health care services (42 CFR part 2 and HIPAA), drug testing data was not available for analysis.
5. The State could not commit to providing arrest data within the time allotted for this report due to the need for data use agreements, memoranda of understanding, and associated costs.
6. Data on Emergency Department (ED) visits after release from jail do not include a reason for the visit. Because the Harborview ED has a buprenorphine treatment program available through the ED, it is unknown whether Harborview ED visits were for buprenorphine treatment or another medical condition.

**Number of patients receiving MOUD in detention and post-release:** From January 1, 2018, through March 31, 2022, the total number of patients who received MOUD in jail and were released was 2,782, with 773 receiving methadone continuation, 1,069 receiving buprenorphine continuation, and 940 receiving buprenorphine induction. Since January 2022, 10 percent of the daily census of King County Correctional Facility (KCCF) and Maleng Regional Justice Center (MRJC) receive buprenorphine daily. Data obtained demonstrate the following post-release outcomes for buprenorphine patients within the 120 days following release:

- 63-80 percent of continuation patients and 26-33 percent of induction patients had a Medicaid claim for a buprenorphine prescription.
- 15-17 percent of continuation patients and 5-7 percent of induction patients received Department of Community and Human Services (DCHS)-funded outpatient assessment and counseling services.
- 9-14 percent of buprenorphine patients received DCHS-funded specialty services (e.g., methadone, co-occurring disorder services).
- DCHS-funded residential substance use disorder (SUD) services and acute withdrawal management (“detox”) services was <4 percent and <1 percent, respectively.

Data show that JHS buprenorphine continuation patients are more likely than initiation patients to continue treatment in the community upon release. Continuation patients are already established with a provider in the community prior to incarceration, making it easier to return to that provider. They are also more likely to have social supports, and express interest in continuing treatment.

**Post-Release Emergency Department Visits and Hospitalizations:** From January 1, 2018, through March 31, 2022, 30-47 percent of JHS buprenorphine patients had an Emergency Department (ED) visit within 120 days after their release from jail. As stated above, a limitation of this data is the unknown reason for the visit. It’s possible that patients went to the Harborview ED to receive buprenorphine, instead of for another medical condition.

**Mortality:** Of the 2,782 people who received MOUD in the JHS MOUD Program between January 2018 and March 2022, the King County Medical Examiner Office data identified seven deaths that occurred within 120 days of jail release among JHS patients receiving buprenorphine. Three of those deaths were attributed to drug overdose. The mortality data for buprenorphine patients included in this report excludes deaths that occurred outside of King County and when due to natural causes.

**Recidivism:** Data show that 21-40 percent of buprenorphine patients released from jail a subsequent jail booking within 120 days of release.

**Impact on Patients’ Quality of Life:** Two surveys were conducted by Public Health to assess the influence of the JHS MOUD program on patients’ lives and quality of life, including while detained and post-release:

Regarding treatment while detained: Participants reported positive feelings about their experience with the program and program staff while in jail, including that their treatment options were explained to them (88 percent, n = 74), and the program improved their physical health (76 percent, n = 64) and emotional well-being (77 percent, n = 65) while incarcerated.

Regarding Post-Release Service Access and Well-Being: At release, most program participants surveyed wanted to continue buprenorphine after release from jail (77 percent, n = 24), and most of those patients (72 percent, n = 18) spoke with release staff about how to do so. Although 77 percent wanted to continue, just 50 percent (n = 12) of participants reported that they did.

The most-often reported challenges in accessing substance use services after release involved lack of transportation (77 percent, n = 20), inconvenient appointment times (52 percent, n = 13), and appointments were too frequent (36 percent, n = 9).

Patients remembered receiving:

- Instructions to get a same-day buprenorphine appointment (71 percent, n = 22).
- A postcard with overdose prevention information (81 percent, n = 25).
- Naloxone (74 percent, n = 23).

Just over one-third (35 percent, n = 11) of participants reported speaking with Treatment Connections (TC) staff after release from jail, reflecting limited availability of services after hours, staffing vacancies, and invalid phone numbers. All TC participants reported positive feedback about the program.

Participants were asked if their physical health, emotional well-being, relationships, housing status, employment, or outlook towards the future changed following their incarceration and if changes were influenced by the “help they received after release from jail”. Nineteen percent (n = 6) indicated that their physical health, emotional well-being, relationships, and outlook for the future improved; 10 percent (n = 3) and 13 percent (n = 4) indicated that their housing and employment status improved, respectively.

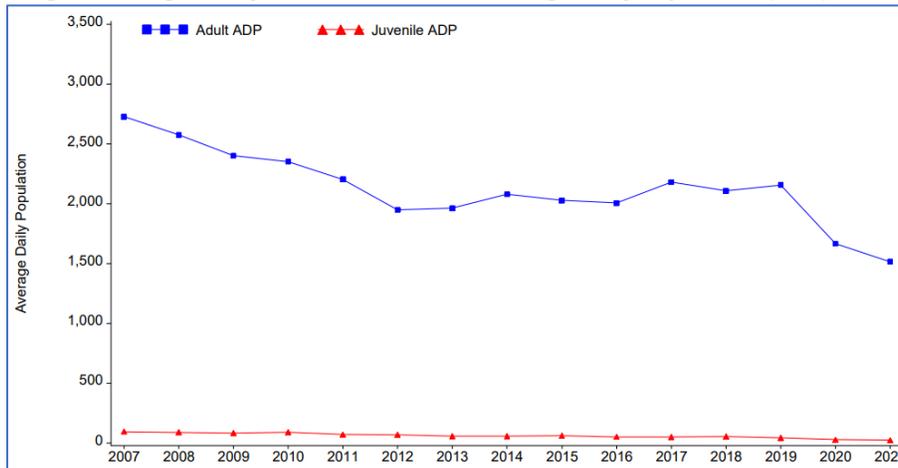
**Conclusions:** Jail Health Services expanded its MOUD program from 2018-2021, in a period that coincided with the COVID-19 pandemic. More than triple the unique number of patients were served between 2018 and 2021. Surveys with JHS MOUD patients provide compelling evidence that the receipt of buprenorphine while in jail improved patients’ physical health and sense of well-being while in custody. Expansion of the program resulted in a greater number of people treated for OUD while incarcerated, thereby reducing the number of people experiencing withdrawal, cravings, and related psychosocial distress while in custody. Most patients wished to continue buprenorphine after leaving jail. However, data suggest that only a subset of patients initiated on buprenorphine while in a King County facility continued it after jail release.

## III. Background

### Department Overview

Jail Health Services (JHS) is a division of Public Health – Seattle & King County. The duty of JHS is to provide health care services to individuals incarcerated in King County adult correctional facilities, including medical, dental, psychiatric care, and related services in conjunction with the Department of Adult and Juvenile Detention. Services are provided only at the King County Correctional Facility (KCCF) located in downtown Seattle or the Maleng Regional Justice Center (MRJC) in Kent (Figure 1) and not at the Juvenile Detention Facility. The mission of JHS is to assess and stabilize serious health problems for the detained population with a focus on the transition from jail. Its vision is “Opening doors to healthier, happier lives.”

**Figure 1: King County Jail Health Services Average Daily Population (ADP)**



### JHS MOUD Program Overview

Included in JHS healthcare services practice is medication treatment for opioid use disorder (OUD). In this report, medications for OUD (MOUD) specifically refers to the medications methadone and buprenorphine, which are the standard of care for OUD treatment. MOUD is effective at reducing overdose, reducing illicit use of opioids, and reducing the risk of opioid related harms.<sup>3</sup>

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (n.d.). Medication-assisted treatment (MAT). Retrieved October 6, 2022, from <https://www.samhsa.gov/medication-assisted-treatment>

Multiple studies show that MOUD programs are effective at treating people with OUD in jails and prisons, and in connecting individuals to treatment and supportive services when they are released.<sup>4,5,6,7</sup> Receiving buprenorphine increases the likelihood of people entering and staying in treatment programs after their jail release.<sup>8</sup> Impact on longer-term outcomes is harder to achieve;<sup>9</sup> among people with an OUD entering jail who began an MOUD program, roughly three-fourths return to opioid use within three months of release.<sup>10,11</sup> MOUD treatment corresponds to less criminal behavior and lower likelihood of overdose.<sup>12</sup>

MOUD programs for people in jail are important as well as effective; people released from jail without treatment have a much higher risk of death from opioid overdose than the average population.<sup>13</sup> A study showed that people released from Washington State Department of Corrections had over 100 times greater likelihood of death from overdose than other state residents, particularly during the first two weeks after release.<sup>14</sup> Treating OUD withdrawal with buprenorphine or methadone is also more humane, rather than allowing an individual to suffer through opioid withdrawal.

JHS provides MOUD, as well as supportive services to connect patients to OUD treatment in the community upon release from incarceration. These services are collectively referred to as the *JHS MOUD Program*. Within the JHS MOUD program are the Methadone Program, the Buprenorphine Program, and the Treatment Connections Program. Treatment Connections staff assist MOUD patients in connecting with treatment services in the community upon release (see “Treatment Connections Process” section below for details).

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<sup>4</sup> Wakeman, S. E. (2017). Why it’s inappropriate not to treat incarcerated patients with opioid agonist therapy. *AMA Journal of Ethics*, 19, 922-930.

<sup>5</sup> Grella, C. E., Ostlie, E., Watson, D. P., Scott, C. K., Carnevale, J., & Dennis, M. L. (2022). Scoping review of interventions to link individuals to substance use services at discharge from jail. *Journal of substance abuse treatment*, 138, 108718. <https://doi.org/10.1016/j.jsat.2021.108718>

<sup>6</sup> World Health Organization. (2009). *Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence*. Geneva, Switzerland

<sup>7</sup> Moore, K. E., Roberts, W., Reid, H. H., Smith, K. M., Oberleitner, L. M., & McKee, S. A. (2019). Effectiveness of medication assisted treatment for opioid use in prison and jail settings: A meta-analysis and systematic review. *Journal of Substance Abuse Treatment*, 99, 32-43.

<sup>8</sup> Ibid.

<sup>9</sup> Grella, C. E., Ostlie, E., Watson, D. P., Scott, C. K., Carnevale, J., & Dennis, M. L. (2022). Scoping review of interventions to link individuals to substance use services at discharge from jail. *Journal of substance abuse treatment*, 138, 108718. <https://doi.org/10.1016/j.jsat.2021.108718>

<sup>10</sup> The New Jersey Reentry Corporation. (2018). *Reentry: New Jersey opioid addiction report: A modern plague*. Jersey City, NJ: Author. Available from

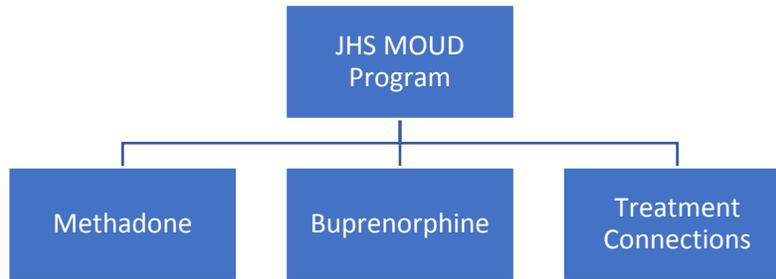
[https://www.njreentry.org/application/files/2716/4089/3978/Annual\\_Report\\_2018\\_New\\_Jersey\\_Opioid.pdf](https://www.njreentry.org/application/files/2716/4089/3978/Annual_Report_2018_New_Jersey_Opioid.pdf)

<sup>11</sup> Fox, A. D., Maradiaga, J., Weiss, L., Sanchez, J., Starrels, J. L., & Cunningham, C. O. (2015). Release from incarceration, relapse to opioid use and the potential for buprenorphine maintenance treatment: A qualitative study of the perceptions of former inmates with opioid use disorder. *Addiction Science & Clinical Practice*, 10, 2. <https://doi.org/10.1186/s13722-014-0023-0>

<sup>12</sup> Stallwitz, A. & Stöver, H. (2007). The impact of substitution treatment in prisons: A literature review. *International Journal of Drug Policy*, 18, 464-474.

<sup>13</sup> Larochelle, M. R., Bernstein, R., Bernson, D., Land, T., Stopka, T. J., Rose, A. J., Bharel, M., Liebschutz, J. M., & Walley, A. Y. (2019). Touchpoints - opportunities to predict and prevent opioid overdose: A cohort study. *Drug and Alcohol Dependence*, 204, Article 107537. <https://doi.org/10.1016/j.drugalcdep.2019.06.039>

<sup>14</sup> Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, et al. (2007). Release from prison—a high risk of death for former inmates. *New England Journal of Medicine*. 2007;356:157-65.



The JHS MOUD program provides continued treatment with methadone or buprenorphine for patients with a verified prescription prior to incarceration, referred to as “continuations,” as well as initiations of buprenorphine for patients with OUD, referred to as “inductions.” Table 1 provides full history of the JHS-MOUD program.

The Methadone Program was initiated in 2008; the Buprenorphine Program was initiated in 2018 with continuations, and inductions were added in 2020; Treatment Connections (TC) also began in 2020 with enhanced discharge services for the JHS MOUD program, and included peers, community health workers and MOUD specialists to coordinate aftercare appointments upon release. See Appendix A for additional historical context for the JHS MOUD Program.

Key Date	Milestone	Description
2008	JHS begins methadone continuations	Patients with verified active prescription for methadone can receive courtesy dosing from contracted Opioid Treatment Provider.
March 2016 – September 2016	King County Heroin and Prescription Opioid Task Force Recommendations	Treatment on demand with MOUD, focusing on buprenorphine, for all individuals with OUD was one of eight Task Force recommendations. <sup>15</sup>
June 2018	JHS begins buprenorphine continuation	Patients with verified active prescriptions begin receiving buprenorphine at booking.
March 2019	JHS SUD Program created	JHS hires SUD Program Manager to implement MOUD strategies.
January 2020	SUD Screening implemented	JHS implements SUD Screen to identify people with SUD/OUD.
June 2020	KCCF buprenorphine inductions pilot begins	Induction pilot launched at KCCF. Strict limits of five people per day were placed.
July 1, 2020	Treatment Connections begins: Two contracted peer specialists were hired	JHS contracted with a community-based non-profit to provide two peers with lived SUD experience to provide support to those released from JHS MOUD program.
September 2020	MRJC buprenorphine inductions pilot begins	Induction pilot launches at MRJC with KCCF limits
October 2020	Pilot Ends	Normal operations begin with patient limits remaining.
November 2020	Patient limits increased	Limit increased from five to 25 patients per day.

<sup>15</sup> <https://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/task-forces/heroin-opioids-task-force.aspx>

<b>Table 1: Key Milestones in King County Jail Health Services (JHS) MOUD Program</b>		
Key Date	Milestone	Description
January 2021	MRJC Coordinated – Enhanced Discharge begins	MRJC pilot began meeting patients on buprenorphine at the time of release and providing them with a three-day supply and same-day MOUD appointment
March 2021	Patient limit eliminated	Upper limit removed on March 1
June 2021	KCCF Coordinated – Enhanced Discharge begins	KCCF began meeting patients on buprenorphine at the time of release and providing them with a three-day supply and same-day MOUD appointment
July 2021	Peer contract terminated; Community Health Workers (CHWs) begin	CHWs provide overdose education, including how to use naloxone, and work to foster a lasting connection between participant and service provider.
September 2021	Coordinated discharge changed to seven-day supply of buprenorphine	Seven-day supply of medications to better meet patient needs who are released on weekends, released to inpatient treatment, or who live out of county.

**Screening and MOUD Treatment Process:** All adults detained in the King County jails are screened for substance use disorders (SUD) by a registered nurse as part of the jail admission process. When a patient reports using opioids and answers affirmatively to the OUD screening questions during screening, the nurse describes in-custody medication options to the individual. If the individual agrees, in consultation with a prescriber, either continuation or induction treatment is initiated.

**Treatment Connections Process:** Patients that screen positive for SUD are referred to the Treatment Connections (TC) Program which is staffed by MOUD specialists and community health workers who assist patients in connecting with community SUD services upon release.

**Coordinated Discharge:** the following describes the roles and processes of coordinated discharge of MOUD served patients from the facility.

MOUD Specialists:

- Conduct standardized screenings to identify emergent social, physical, and behavioral health needs and determine if referrals are necessary.
- Facilitate shared treatment decision-making with participants by sharing information and providing education on the in-jail and in-community options to treat OUD.
- Facilitate access to care, including access to community and recovery resources using standard case management practices (e.g., outreach, screening, assessment, brief-intervention, crisis counseling, and psycho-educational support services).
- Distribute harm reduction supplies and provide accurate health and safety information using established messaging on safer drug use and overdose safety planning.
- Assist participants as they release from custody with resources, referrals, and scheduling same-day or next day appointments.

Community Health Workers:

- Assist patients with applying for or reactivating Medicaid and insurance upon or prior to jail release.
- Schedule day of release appointments with providers that prescribe medications for opioid use disorder (MOUD) for patients releasing from jail.
- Provide and coordinate transportation to community appointments as needed.

- Provide patient outreach to help with continued engagement with community MOUD providers.
- Coach clients in how to access community resources and facilitate linkage to care.
- Provide accurate health and safety information using established messages on overdose safety planning.

MOUD patients have an in-person visit with a MOUD Specialist for care coordination and overdose safety planning at time of release or sooner. Upon release, buprenorphine patients receive a 7-day supply of buprenorphine, a release kit with resources (e.g., a phone, clothes, supplies, a safer substance use kit with naloxone, and transportation assistance), and an appointment with a community MOUD treatment provider. Through a grant program, patients receive a \$10 incentive for each community-based appointment they make to help reduce barriers for attendance. TC staff use a text messaging system to remind people about appointments.

**Current Context:** Significant staffing shortages with JHS MOUD specialist started in Fall 2021 and persist. The approved available staff compared to the approved staffing is listed below in Table 2. This resulted in fewer patients being seen at release, leading to fewer patients receiving their seven-day supply of medication and fewer follow-up appointments scheduled. It also resulted in fewer TC intake meetings with new participants, thereby decreasing the quality of the discharge plan and reducing the number of people who receive overdose prevention education and naloxone. This staffing shortage is akin to the staffing shortage faced by community-based medical and behavioral health providers and the jail itself. JHS is currently recruiting for additional staff to assist with the MOUD Program at KCCF.

Month	Approved FTE	Available Staff
March 2020 – June 2021	3.0	3.0
July 2021	4.0	3.0
August 2021	4.0	4.0
September 2021	4.0	3.0
October 2021	4.0	2.0
November – December 2021	4.0	1.0
January 2022 – March 2022	4.0	2.0

## IV. Report Requirements

This section is organized to follow the Proviso requirements. Requirements A-C are addressed together, with items D-I in standalone subsections. Some data elements called for by the Proviso are not included in this report. Specifically, certain data elements called for in item E involve accessing data from sources not available to Public Health - Seattle & King County, such as from the Washington State Patrol, city data, hospital, and medical records for providers outside of JHS. Therefore, some data elements called for, such as urine toxicology data and arrest data are not provided in this response. While some specific data elements are not included in this report, information provided in subsections E regarding community-based healthcare data is from a subset of the report population that is on Medicaid and for whom JHS can access data. Notably, this data set represents 85 percent of the individuals served in the JHS MOUD program.

### A-C. Patient Numbers

A. The total number of patients who have received medically assisted treatment in detention by year, for the period of January 1, 2018, through March 31, 2022, including data on the type of medically assisted treatment, including the use of buprenorphine or methadone, for each inmate. For the purposes of the report and to

eliminate double counting, data should be based on the individual patient not the number of bookings associated with a patient;

B. The number of patients who were already receiving medically assisted treatment at the time of their booking and detention for the period of January 1, 2018, through March 31, 2022, including data on the: type of medically assisted treatment, including the use of buprenorphine or methadone, that each inmate had been receiving before detention;

C. The number of patients who initiated medically assisted treatment after beginning detention for the period of January 1, 2018, through March 31, 2022, including data on the type of medically assisted treatment, using buprenorphine or methadone, that each inmate initiated during detention;

**Methadone:** Methadone treatment is strictly regulated by the federal government. For example, 42 CFR part 8 dictates that when methadone is used for the treatment of OUD it must be dispensed by a licensed Opioid Treatment Provider (OTP) clinic. Neither of the King County Jail sites are licensed as OTPs.

Methadone continuation is available to patients booked at a King County jail whose active participation in a methadone program is confirmed by a community methadone provider. Currently, no patients are started on methadone while incarcerated. The community contracted provider of JHS methadone is responsible for facilitating the transition of care back to the community methadone provider of released methadone patients. JHS's involvement in the delivery of methadone to inmates is therefore limited to informing the contracted provider that a patient reports being on methadone prior to entering jail. Given these structural limitations, the available data for this report is post-release receipt of SUD-related services from a community provider that is contracted with the King County Behavioral Health and Recovery Division (BHRD), inclusive of methadone.

Among patients who received methadone in jail, 40 percent of individuals returned within four months of jail release to a community OTP methadone provider that is contracted with BHRD for a publicly funded service (Table 3). These contracted OTP programs include six of the eight methadone providers in King County and one in Pierce County. HIPAA and 42 CFR part 2 prohibits obtaining treatment data for those that otherwise have not consented. Therefore, the number or proportion of jail methadone patients who received non-publicly funded services or received methadone services from community methadone providers that are not contracted with BHRD (e.g., the Veterans Administration, We Care Daily Clinics, providers outside of King County) are not included in this report.

The number of patients receiving methadone in jail has declined since 2019. It is unclear if this decline in individuals on methadone is due to booking restrictions, increased access of buprenorphine in the community, or some other factor.

<b>Table 3: Post-Jail Release<sup>+</sup> Receipt of SUD-related Services from a BHRD Contracted Community Provider among Patients who Received Methadone during a King County Jail Stay.</b>		
	# Patients by %	Total number of service encounters*
Methadone program	437 (40%)	37,892
Outpatient assessment and counseling**	30 (2.7%)	343
Residential programs	32 (2.9%)	1,541
Specialty programs***	51 (4.6%)	631
Acute withdrawal management (detox) programs	*****	*****

<b>Table 3: Post-Jail Release<sup>+</sup> Receipt of SUD-related Services from a BHRD Contracted Community Provider among Patients who Received Methadone during a King County Jail Stay.</b>		
	# Patients by %	Total number of service encounters*
<p><sup>+</sup>Within 4 months of release</p> <p>*Number of service encounters are not available for MIDD-funded SUD/MOUD programs, which likely causes the number of encounters to be underestimated.</p> <p>**Includes outpatient services funded by both Medicaid and Mental Illness and Drug Dependency (MIDD) funds, as well as "assessment only" services.</p> <p>***Includes co-occurring disorder services, as well as services offered by Transitional Recovery Program, Reaching Recovery, Services and Housing to Access Recovery Program (SHARP), Integrated Dual Disorders Treatment, SUD services at the Community Center for Alternative Programs, and SUD services funded by MIDD.</p> <p>****Reporting suppressed for small cell sizes of n &lt; 5.</p>		

**Buprenorphine:** In June 2018, buprenorphine continuation began for those individuals booked into jail with an active prescription. In the second quarter of 2020 jail bookings declined due to booking restrictions which corresponded with the COVID-19 pandemic. Along with the decline in bookings, a reduction in the number of patients who continued buprenorphine after being booked at a King County jail also occurred. JHS started the buprenorphine induction program in June 2020.

<b>Table 4: Total number of unique patients who received MOUD by calendar year</b>					
	Total Jail Bookings***	Received buprenorphine during jail stay			Received methadone during jail stay
		# of buprenorphine patients who initiated buprenorphine prior to booking ("continuation")	# of buprenorphine patients who initiated buprenorphine with JHS ("induction")	Total # of Patients in JHS Buprenorphine Program*	# of patients who received methadone (all initiated prior to jail).
2018**	35,631	215	0	215	356
2019**	32,864	546	0	546	349
2020**	18,324	302	145	441	182
2021**	14,208	144	638	760	97
Jan – Mar 2022**	3,670	95	400	493	60
Jan 2018 – Mar 2022	104,697	1069	940	1912	773
<p>*Patients with multiple bookings could have been classified as "continuation" in one booking and "induction" in another and thus represented in both columns. The "total" column represents the unique patient count within the JHS Buprenorphine Program, summarizing across "continuation" and "induction" classifications.</p> <p>**Patients with multiple bookings or a booking episode that spanned multiple calendar years are represented in multiple rows.</p> <p>***Not unique persons</p>					

#### D. For the period of January 1, 2018, through March 31, 2022, the number of patients who received medically assisted treatment in detention and were released

D. For the period of January 1, 2018, through March 31, 2022, the number of patients who received medically assisted treatment in detention and were released, including data on: whether the patient received a supply of buprenorphine at the time of release for use upon reentry into the community; the number of patients who, before release from detention, received appointments for the continuation of treatment services in through

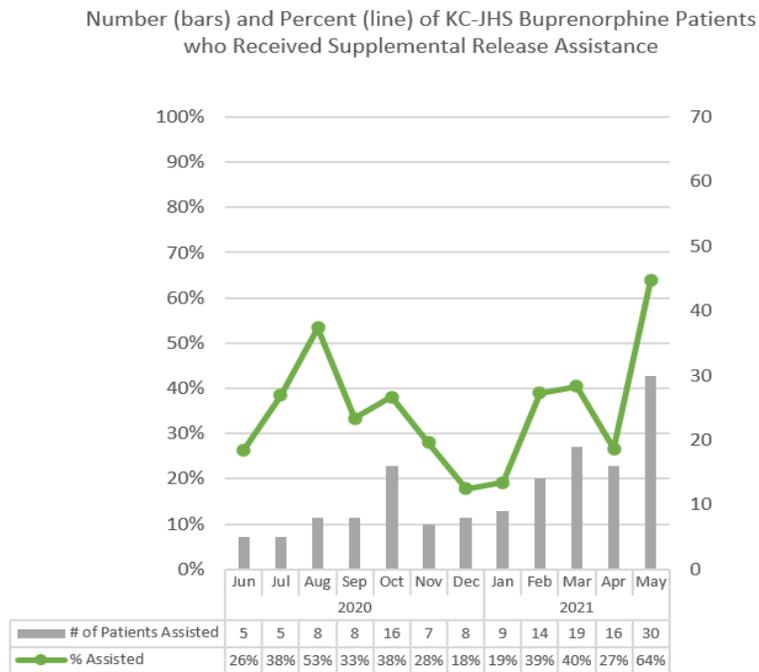
other King County treatment service programs; and, whether the patient received peer support services in order to connect with services in the community upon release.

Medication and service options for patients grew incrementally since the program’s inception. Table 1 describes the phased steps taken for implementation. As shown in Table 4, from January 2018 to March 2022 the total number of patients who received MOUD in jail and were released:

- Methadone continuation: 773 patients.
- Buprenorphine continuation: 1,069 patients.
- Buprenorphine induction: 940 patients.

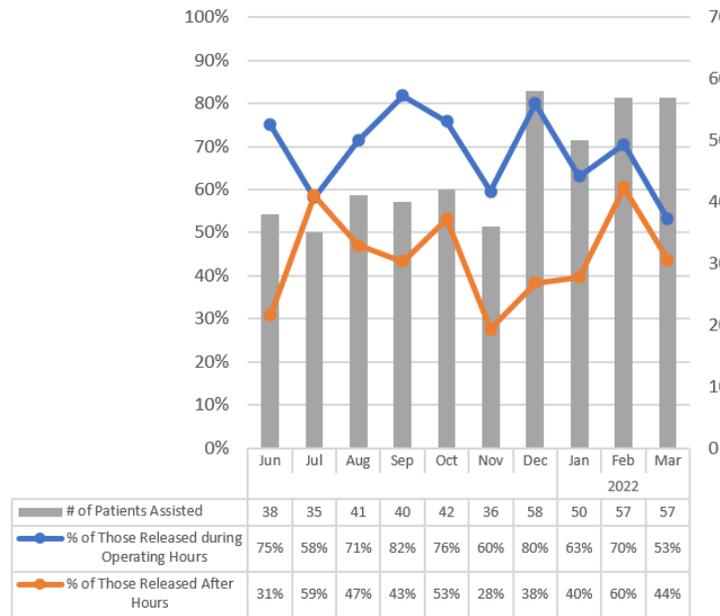
Figures 2 through 5 show the number of JHS MOUD patients receiving the respective services, enhanced supplemental release services, seven-day supply of buprenorphine at release, and appointments for community care at the time of discharge. Figures 3 through 5 (June 2021 through March 2022), show individuals who were served within and outside of operating hours (7 am to 4 pm). Enhanced supplemental services are at a minimum meeting with a JHS MOUD SUD specialist to help plan for release. If released during operating hours, enhanced released services include a seven-day supply of buprenorphine.

**Figure 2: JHS - MOUD Patients Receiving Enhanced Supplemental Release Services. June 2020 to May 2021**



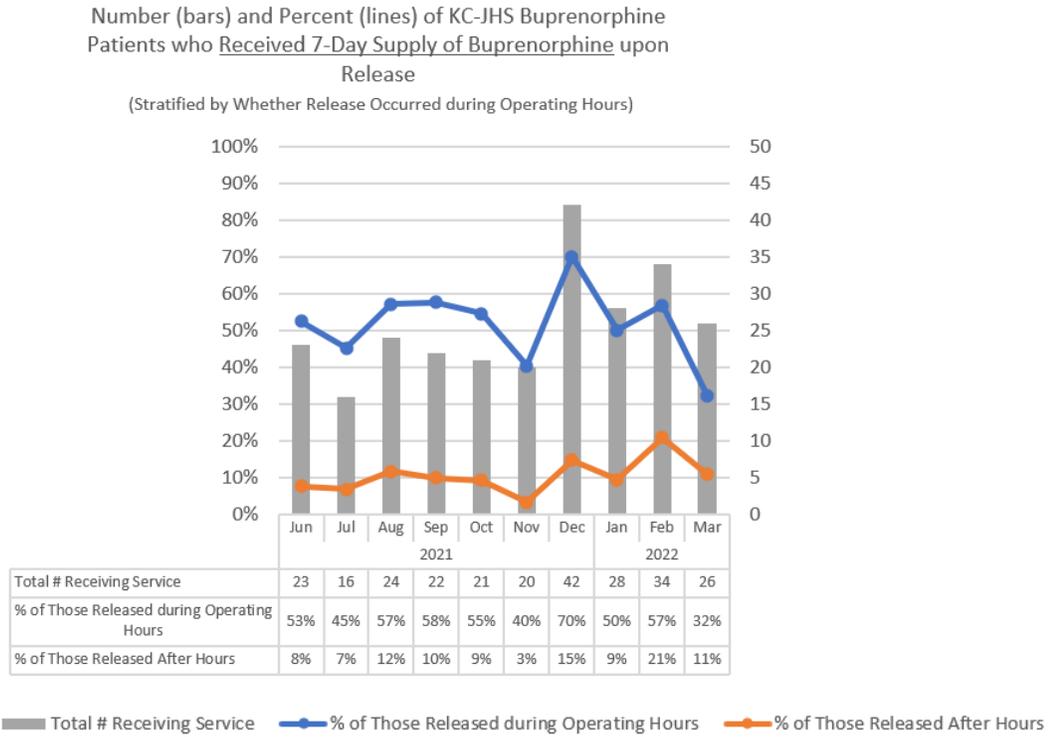
**Figure 3: JHS MOUD Patients Receiving Enhanced Supplemental Release Services. June 2021 to March 2022**

Number (bars) and Percent (lines) of KC-JHS Buprenorphine Patients who Received Supplemental Release Assistance, Stratified by Whether Release Occurred during Operating Hours

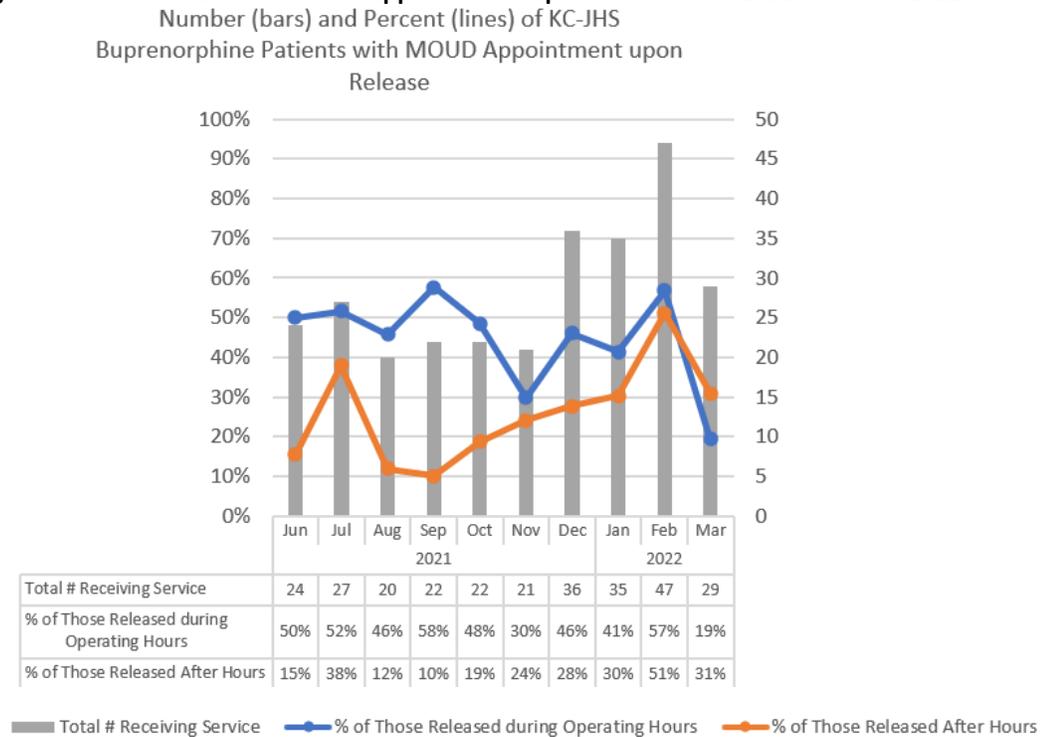


■ Total # Receiving Service    ● % of Those Released during Operating Hours    ● % of Those Released After Hours

**Figure 4: JHS MOUD patients who received a 7-day supply of medication upon release. June 2021-March 2022**



**Figure 5: JHS – MOUD Patients with appointments upon release. June 2021 to March 2022**



**Peers and Community Health Workers:** JHS contracted for two peer specialists from July 1, 2020, through June 30, 2021, but due to underperformance, the contract was not renewed. JHS opted to hire two Community Health Workers (CHW) who identified as having lived experience. JHS employees have greater access to patients, jail facilities, other employees, and the patient medical record. The positions were modeled after similar public health programs, and preference was given to people with lived experience.

	Jul-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	June-21
Individuals Served by Contracted Peer Provider	0	0	0	3	2	2	20	27	27	15	9	13
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22							
Individuals Served by JHS CHW Peer Provider	1	3	15	35	68							

#### E. For the period of January 1, 2018 through March 31, 2022, an evaluation of the efficacy of the treatment programs

E. For the period of January 1, 2018, through March 31, 2022, an evaluation of the efficacy of the treatment programs as measured by data on those patients who received medically assisted treatment in detention and then returned to the community ("released patients") to include: the retention rate and frequency of released patients' visits for the provision of medically assisted treatment services provided through other King County supported treatment service programs; the results of toxicology reports or drug testing for released patients receiving medically assisted treatment; the number of visits to hospital emergency departments or for other hospitalizations for these released patients; the use by released patients of other substance use disorder services provided through King County supported programs; new arrests; new bookings into detention; and mortality information for released patients.

#### Analytical Approach

To assess the post-release outcomes for JHS buprenorphine patients required by the Proviso, this analysis matched the JHS MOUD patient roster against several data sources, including Medicaid claims data, King County Jail booking data, DCHS' Behavioral Health Information System & Client Outcomes Reporting Engine for MIDD-Funded Programs, and Medical Examiner and Vital Statistics Data. Medicaid claims data is used because 85 percent of JHS MOUD participants at booking identified as a Medicaid recipient. Medicaid enrollment and claims data were used to analyze outcomes for the continuation of buprenorphine post-release, emergency department and hospitalization data.<sup>16</sup> See Appendix B for

<sup>16</sup> Medicaid data was used over the only other option, "All Payer Claims Data" (WA-APCD) because state law prohibits government agencies from accessing identifiable WA-APCD data for anything other than Human Subjects Institutional Review Board (HSIRB)-approved research. Because the data is unidentifiable, it is impossible to link it to individual JHS patient data. Additionally, WA-APCD requires health plans to submit data to censor behavioral health treatment claims due to confidentiality restrictions.

further discussion of the data sources used for this analysis. Please note that the common use of aliases at the time of booking may have hindered linkages between detention records and other administrative sources, potentially resulting in an underestimate of the outcomes reported below. Outcomes for patients are reported for 120 days post-release. Patients that remain incarcerated or are not yet 120 days post-release are not included in this analysis. The analysis may have counted individuals multiple times if they had more than one JHS MOUD service.

#### Data Limitations

*Toxicology and Drug Testing Results:* Due to 42 CFR part 2 and HIPAA requirements, the federal guidelines governing confidentiality of SUD data and health care services, this data was not available for analysis.

*Arrest Data:* The State could not commit to providing the data within the timeline needed to conduct the analysis for this report. The need for data use agreements, memoranda of understanding, and cost requirements made it infeasible to conduct the analysis within the time allotted for this report.

*Emergency Department Data:* A limitation of this data is the unknown reason for the ED visit. Harborview ED provides buprenorphine for individuals that may not be able to receive it from a clinic provider (e.g., after hours) on a walk-in basis. It's possible that patients went to the Harborview ED to receive buprenorphine, instead of for another medical condition.

#### Analysis Phases

To see changes over time corresponding with the implementation of new services for individuals in the JHS MOUD program. The analysis below is outlined in three phases:

- Phase 1, June 2018 to May 2020: Services available: Buprenorphine continuation.
- Phase 2, June 2020 to May 2021: Services available: Buprenorphine continuation; buprenorphine induction; and release services with a MOUD specialist.
- Phase 3, June 2021 to March 2022: Services available: Buprenorphine continuation; buprenorphine induction; enhanced release services with a peer or community health worker, release services with a MOUD specialist, and a seven-day supply of buprenorphine at release. Release services are explained further in Section IV.

#### Findings

From January 2018 to March 2022 the total number of patients who received MOUD in jail and were released was 2,782. Of those:

- 773 received methadone continuation.
- 1,069 received buprenorphine continuation.
- 940 receiving buprenorphine induction.

Since January 2022, ten percent of the daily census of KCCF/MRJC receive buprenorphine daily. For patients continued on buprenorphine in the jail, 63-80 percent and 26-33 percent of induction patients had a claim for a buprenorphine prescription in the 120 days following release, depending on the timing of their release (Table 6). The number of prescriptions filled in the 120 days following release, an indicator of retention, was also higher among continuation patients compared to induction patients (Table 6).

### *Efficacy Analysis*

The observed difference between continuation and induction patients may reflect several factors including, but not limited to, supports in place conducive to receiving care in the community; ease of returning to a program where care was already established; level of interest in continuing buprenorphine post-release; and clinics' availability to accept new patients.

Data indicated evidence that patients who had a buprenorphine provider prior to the jail stay ("continuation" patients) were more likely to connect to SUD services following release compared to patients who initiated buprenorphine during their jail stay ("induction" patients).

The percentage of patients receiving DCHS-funded services for outpatient assessment and counseling services were (Table 7):

- Outpatient and Assessment: 15-17 percent among continuation patients.
- Outpatient and Assessment: 5-7 percent among induction patients (Table 7).
- Specialty services (e.g., methadone, co-occurring disorder services): 9-14 percent.
- Residential SUD services: <4 percent.
- Acute withdrawal management ("detox") : <1 percent.

### Post-Release Emergency Department Visits and Hospitalizations

Jail releases (30-47 percent) were followed by a subsequent visit to an Emergency Department (ED) in the 120 days following jail release (Table 6). The number of hospitalizations varied by programmatic phase and continuation/induction status, which reflects the observation period spanning pre-, acute-, and more stable periods of the COVID-19 pandemic (Table 6).

<b>Table 6: Post-Release Outcomes Corresponding to Medicaid-Insured* JHS Buprenorphine Patients Released to Community Settings, Stratified by Programmatic Phase and Buprenorphine Provider prior to Jail Episode</b>				
	Among Patients who had Established Buprenorphine Provider in Community prior to Jail Stay		Among Patients without Established Buprenorphine Provider in Community prior to Jail Stay	
In 120 days following Release:	% with ≥1	Among those with ≥1, the median # (25 <sup>th</sup> -75 <sup>th</sup> percentile)	% with ≥1	Among those with ≥1, the median # (25 <sup>th</sup> -75 <sup>th</sup> percentile)
Buprenorphine Prescription				
Phase 1 (n=545)	80%	6 (4-9)	--	--
Phase 2 (n=223)	63%	6 (3-8)	33%	2 (1-5)
Phase 3 (n=273)	70%	4 (3-6)	26%	3 (2-5)
ED Visit				
Phase 1 (n=545)	47%	5 (2-10)	--	--
Phase 2 (n=223)	30%	3 (1-6)	43%	2 (1-3)
Phase 3 (n=273)	37%	4 (3-8)	39%	2 (1-2)
Hospitalization**				
Phase 1 (n=545)	4%	5 (2-20)	--	--
Phase 2 (n=223)	0%	--	0%	--
Phase 3 (n=273)	13%	1 (1-3)	1%	2 (1-3)

\* "Medicaid-Insured" was defined for analytic purposes as being covered at least 90 days of the 120 days following jail release.

<b>Table 6: Post-Release Outcomes Corresponding to Medicaid-Insured* JHS Buprenorphine Patients Released to Community Settings, Stratified by Programmatic Phase and Buprenorphine Provider prior to Jail Episode</b>		
	Among Patients who had Established Buprenorphine Provider in Community prior to Jail Stay	Among Patients without Established Buprenorphine Provider in Community prior to Jail Stay
**Hospitalizations for medical or surgical reasons (e.g., childbirth, knee surgery) were excluded, so that this outcome better represents unplanned acute health crises.		

<b>Table 7: DCHS-Supported SUD Services Utilized by Participants in the 120 Days Following Release</b>				
	Among Patients who had Established Buprenorphine Provider in Community prior to Jail Stay		Among Patients without Established Buprenorphine Provider in Community prior to Jail Stay	
Population type (count)	Patients (%)	Total number of service encounters*	Patients (%)	Total number of service encounters*
<b>Outpatient assessment and counseling**</b>				
Phase 1	138 (15%)	1,818	--	--
Phase 2	9 (15%)	196	16 (5.5%)	369
Phase 3	15 (17.6%)	78	25 (6.9%)	349
<b>Residential programs</b>				
Phase 1	33 (3.6%)	924	--	--
Phase 2	****	****	10 (3.4%)	376
Phase 3	9 (10.6%)	414	13 (3.5%)	630
<b>Opioid Treatment (methadone) programs</b>				
Phase 1	29 (3.2%)	916	--	--
Phase 2	*****	*****	14 (4.8%)	674
Phase 3	*****	*****	16 (4.4%)	366
<b>Specialty programs***</b>				
Phase 1	60 (6.6%)	434	--	--
Phase 2	3 (<1%)	87	25 (8.5%)	94
Phase 3	10 (11.8%)	179	27 (7.4%)	17
<b>Acute withdrawal management (detox) programs</b>				
Phase 1	9 (1%)	41	--	--
Phase 2	0 (0%)	0 (0%)	****	****
Phase 3	0 (0%)	0 (0%)	5 (1.4%)	17
*Number of service encounters are not available for MIDD-funded SUD/MOUD programs, which likely causes the number of encounters to be underestimated.				
**Includes outpatient services funded by both Medicaid and Mental Illness and Drug Dependency (MIDD) funds, as well as "assessment only" services.				
***Includes co-occurring disorder services and services offered by Transitional Recovery Program, Reaching Recovery, Services and Housing to Access Recovery Program (SHARP), Integrated Dual Disorders Treatment, SUD services at the Community Center for Alternative Programs, and SUD services funded by MIDD.				
****Reporting suppressed for small cell sizes of n < 5.				

### Mortality

Comparison of the JHS Buprenorphine patient roster and the King County Medical Examiner Office database identified seven deaths that occurred within four months of jail release among JHS Buprenorphine patients. Of the decedents, three were attributed to drug overdose (Table 8). The mortality data for JHS Buprenorphine patients does not include deaths that occurred outside of King County or when due to natural causes.

<b>Table 8: Deaths that occurred within 4 months of release among JHS Buprenorphine Patients under King County Medical Examiner's Office jurisdiction*</b>			
	Cause of Death		Total
	Drug Overdose	Other Cause	
Phase 1 (n = 759)	2	1	3
Phase 2 (n = 292)	0	1	1
Phase 3 (n = 634)	1	2	3
*MEO investigates sudden, unexpected, and unnatural deaths that occur in King County. Deaths that occurred outside of King County or were attributed to natural causes would not have been identified through this assessment.			

### Recidivism

Data shows that 21-40 percent of releases corresponding to JHS Buprenorphine patients were followed by a subsequent jail booking within 120 days of release (Table 9).

<b>Table 9: King County Jail Bookings in the Four Months Following Jail Release</b>		
	Among Patients who had Established Buprenorphine Provider in Community prior to Jail Stay	Among Patients without Established Buprenorphine Provider in Community prior to Jail Stay
	# (%) of Releases with Subsequent Jail Booking within 120 days	# (%) of Releases with Subsequent Jail Booking within 120 days
Phase 1	317 (35%)	--
Phase 2	13 (21.7%)	101 (34.5%)
Phase 3	28 (32.9%)	144 (39.7%)

Approximately one-fifth of releases (21 percent, n = 236) corresponding to patients who received methadone in jail were followed by a subsequent jail booking within 120 days of release.

### **F. An Evaluation of Impact on Patients' Lives**

F. An evaluation of the impact on patients' lives after the initiation of medically assisted treatment through a survey of currently detained as well as former inmates. The survey should include a question about the patient's quality of life pre- and post-initiation of medically assisted treatment.

Two surveys were conducted by Public Health to assess the influence of the JHS MOUD program on patients' lives and quality of life:

- Survey Evaluating MOUD Program's Influence on Jail Stay (Appendix C and D).
- Survey Evaluating MOUD Program's Influence on Post-Release Service Access and Well-Being (Appendix E).

### **Survey Evaluating MOUD Program's Influence on Jail Stay**

Purpose: The purpose of this survey was to assess satisfaction with buprenorphine-related services, the influence of buprenorphine program on well-being during jail stay, and interest in and anticipated challenges of continuing treatment for SUD following release. The survey was implemented in December 2021 to 84 patients who were enrolled in the JHS Buprenorphine program at that time.

Methods: Jail Health Services program coordinators surveyed people that were in custody at the King County Jail (KCCF or MRJC) and who were enrolled in the JHS MOUD program. There were 92 eligible people were identified and 84 completed a survey (91 percent), six refused, and two were released before completing the survey. Participants received a \$10 gift card that was deposited in their commissary account or left with their belongings and given upon release. The complete survey questions are included in Appendix C.

Results: Over three-quarters of the 84 survey participants (n = 64) completed the survey at the KCCF, and 24 percent (n = 20) completed the survey at the MRJC. The survey participant demographics and survey results are as follows:

- Treatment type
  - Continuation: 30 percent, n = 25
  - Induction: 70 percent, n = 59
- Gender
  - Male: 74 (88 percent)
  - Female: 9 (11 percent)
  - Transgender: 1 (1 percent)
- Race/ethnicity
  - White: 40 percent, n = 34
  - Black: 18 percent, n = 15
  - Hispanic/Latino: 11 percent, n = 9
  - American Indian/Alaska Native: 8 percent, n = 7
  - Asian: 6 percent, n = 5
  - Middle Eastern/North African: 4 percent, n = 3
  - Native Hawaiian/Pacific Islander: 2 percent, n = 2
  - Other: 8 percent, n = 7

Participants reported positive feelings about their experience with the JHS Buprenorphine program while in jail. Most participants agreed that:

- Their treatment options were explained to them (88 percent, n = 74).
- Their concerns were heard (88 percent, n = 74).
- They were included in the decision-making process of their care (87 percent, n = 73).
- They have been treated with dignity and respect by the MAT Specialist (94 percent, n = 79).
- They felt just as respected as any other person in jail (88 percent, n = 74).
- The MAT specialist worked with them on achieving their goals (82 percent, n = 69).
- The MAT specialist talked to them about safety planning and how to reduce their overdose risk (90 percent, n = 76).

More than three-fourths (n = 64) of participants reported that the program has improved their physical health and 77 percent (n = 65) reported it improved their emotional well-being while incarcerated (Table 10). No respondents indicated that the program harmed their physical health. Two respondents indicated the program harmed their emotional well-being while incarcerated.

<i>Question: Has the JHS Buprenorphine program improved, harmed, or had no effect on your...</i>	Improved	No Effect	Harmed	Don't Know
Physical Health	64 (76%)	13 (15%)	0 (0%)	7 (8%)
Emotional Well-Being	65 (77%)	8 (10%)	2 (2%)	9 (11%)

Participants said that some of the benefits of the JHS MOUD program were that it made them more comfortable, it helped them with their physical and emotional health, changed their outlook, and helped with stress and anxiety among other responses (Box 1). See Appendix D for a complete list of responses to open-ended questions.

**Box 1: JHS Buprenorphine Patients' Description of the MOUD Program's Benefits:**

- *"I was in rough shape when I came in and the suboxone program helped me settle down and deal with life on an everyday basis."*
- *"Overall it makes being in jail easier to cope with. It has given me a positive outlook about my recovery."*
- *"Its positive all the way around. Able to regain my thoughts and further regain my sobriety."*
- *"It gives me the confidence I need to get up every day. It keeps my mind off the dope and the negative stuff. I don't dream about getting high and that is a big part of my emotional stability."*
- *"If I didn't have it I would be stuck in my cell thinking about the first thing when I get out is going to get high. It has changed my outlook on a lot of different things that are going on in my life right now. Physically I would feel weak if I didn't have it."*

According to survey data, participants appreciated the ease of getting into the program, the sympathetic, supportive, and non-judgmental staff, the consistency of the program, the assistance at release, withdrawal prevention, and the boost it gave to their self-confidence.

Some of the challenges participants mentioned in the survey about the JHS Buprenorphine program were that it was sometimes an insufficient dosage, that the timing could be inconsistent and occurred too late in the day, some wanted non-medication alternatives, there was nobody to talk to about additional information about the medication, they felt judged, and that sometimes patients were negatively affected when others tried to divert the buprenorphine. Despite reporting these challenges, nearly all (97 percent, n = 81) participants reported that they were somewhat or very interested in continuing buprenorphine after leaving jail.

**Survey Evaluating MOUD Program's Influence on Post-Release Service Access and Well-Being**

This survey was initially designed to be implemented over the phone with non-detained persons who had formerly received buprenorphine from JHS. JHS attempted to contact 146 individuals who had formerly received buprenorphine from the JHS MOUD program on one or more phone numbers. Half of the individuals (73 individuals) had invalid phone numbers and another 45 percent (66 individuals) were left messages or attempted multiple times but never answered. Seven individuals (five percent) were reached, two of whom participated in the survey, two refused, and three asked for a callback but could not be reached later.

The survey was re-designed to be conducted in-custody among persons who had been re-booked at a King County jail following a jail stay in which they had participated in the JHS MOUD program. This survey was completed by 31 individuals in March 2022. The purpose, methods, and results of each survey follow. See Appendix E for complete list of survey questions.

Purpose: The purpose of this survey was to assess support received at the time of release to connect to treatment services in the community, treatment services received following release, challenges in connecting to services following release, and influence of the JHS Buprenorphine and Treatment Connections on quality-of-life metrics.

Methods: Surveys were conducted with people who had previously participated in the JHS Buprenorphine program, were released, and then re-booked into the King County Jail at least two weeks later. Of 36 people who met inclusion criteria, 31 participated in the survey, and 5 chose not to do so. The results presented include 31 participants who were surveyed in March 2022. Participants received a \$10 gift card that was left with their belongings and given upon release.

Results: The 31 survey participants' demographics and survey results are as follows:

- Gender
  - Male: 90 percent, n = 28
  - Female: 6 percent, n = 2
  - Nonbinary/genderqueer: 3 percent, n = 1
- Race/ethnicity
  - White: 52 percent, n = 16
  - Hispanic/Latino: 29 percent, n = 9
  - Black: 16 percent, n = 5
  - American Indian/Alaska Native: 13 percent, n = 4
  - Native Hawaiian/Pacific Islander: 6 percent, n = 2
  - Asian: 3 percent, n = 1
  - Another race/ethnicity: 16 percent, n = 5

Most patients indicated that buprenorphine was beneficial during their previous incarceration, and they wanted to continue it after release.

- 97 percent (n = 30) said that previously receiving buprenorphine in jail helped with their withdrawals, cravings, and that it made their time “more tolerable” or “easier”.
- 77 percent (n = 24) said they wanted to continue buprenorphine after their previous release, and most of these patients (72 percent, n = 18) spoke with TC staff about how to do so.
- 50 percent (n = 12) reported that they did continue buprenorphine after release. Those that did not continue buprenorphine reported that they “went back to using”, were not able to make their appointment, or did not want to continue it. The most often reported challenges in accessing substance use services after being released from jail involved:
  - Lack of transportation (77 percent, n = 20).
  - Inconvenient appointment times (52 percent, n = 13).
  - Too frequent appointments (36 percent, n = 9).

Less than one-fourth (n = 5) reported discussing these challenges with TC staff.

Patients reported positive experiences with the TC program and staff.

- 92 percent (n = 22) said the extent to which they felt supported and respected by the TC team was “a lot”, or “somewhat” (8 percent, n = 2). No participants responded that they did not feel any support or respect.
- Participants shared that having the support and somebody to talk to was helpful and held them accountable, that staff were very open, that the program was saving a lot of people, and expressed appreciation. There was no negative feedback provided about the TC program.

- *"I think it's great. It's saving a lot of people and I noticed that less people are going straight to using because of this."*
- Examples of how the TC program positively changed patients' lives include:
  - *"(TC) got me a cellphone and into a suboxone program."*
  - *"Treatment Connections Program helped me get into inpatient treatment and to start taking suboxone. All of those things really helped."*

Patients who reported a negative experience following receipt of TC services noted:

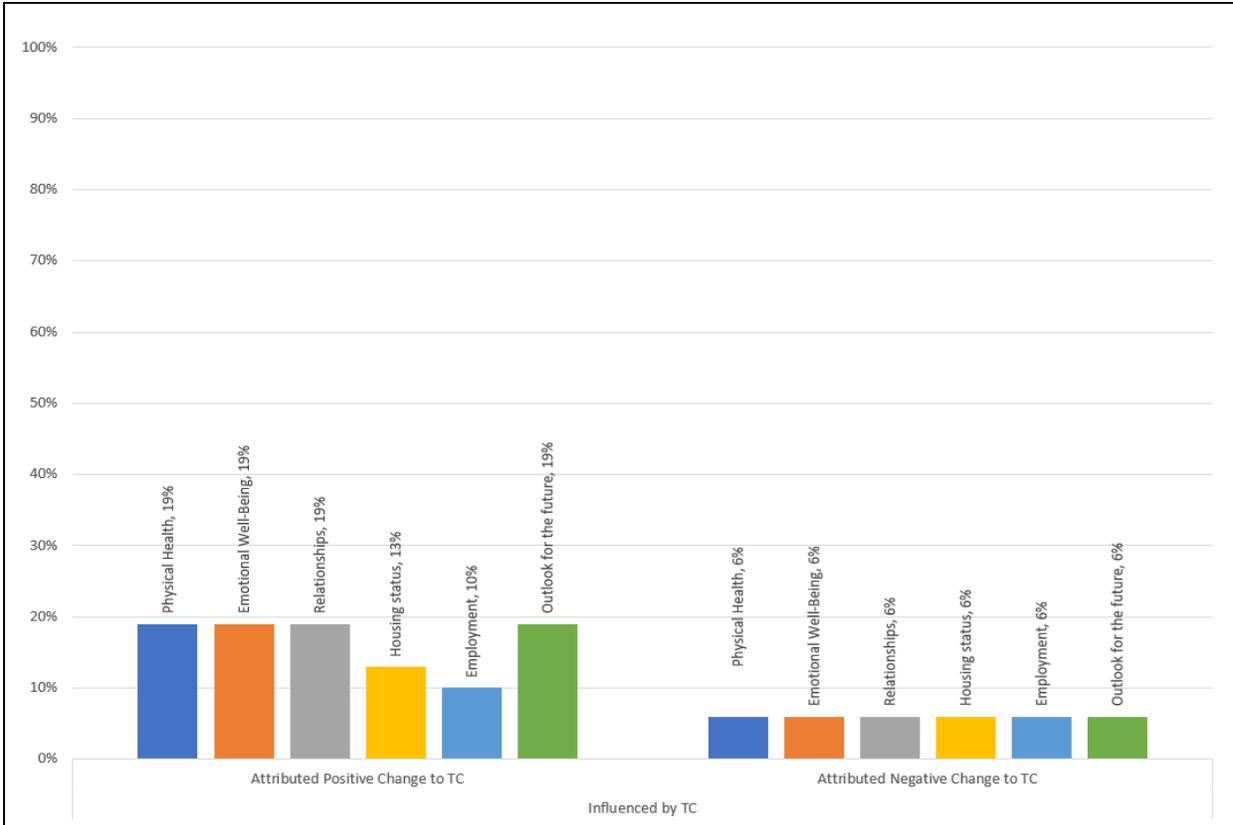
- *"Maybe if I had more support and resources (TC would have been more impactful)."*
- *"When I got out I was picked up from a friend who was using already, and I didn't even last 5 minutes sober, and I went back to it."*

Few participants engaged with TC after release, but some benefitted from that engagement.

- 35 percent (n = 11) reported speaking with TC staff after release from jail, reflecting limited availability of services after hours, staffing vacancies, and invalid phone numbers.
- Those that did engage after release were asked about improvements in their life because of "the help they received after release from jail" (Figure 6).
  - 19 percent (n = 6) said that their physical health, emotional well-being, relationships, and outlook for the future improved.
  - 10 percent (n = 3) said their housing status improved.
  - 13 percent (n = 4) said their employment status improved.

Most patients remembered receiving overdose prevention and treatment resources at release, including:

- Instructions to get a same-day buprenorphine appointment (71 percent, n =22).
- A postcard with overdose prevention information (81 percent, n = 25).
- Naloxone (74 percent, n = 23).



**Figure 6: The Self-Reported Effect of Receipt of Supplemental Release Support Services on Quality-of-Life Metrics among Surveyed Released and Re-Booked Participants in the JHS Buprenorphine Program (n=31)**  
 TC = Treatment Connections, the program that manages supplemental release services for patients of the JHS Buprenorphine program.

Participants reported that their drug use behaviors changed following participation in the JHS Buprenorphine program and credited buprenorphine for the change. Specifically, 32 percent (n = 10) reported using less often and 16 percent (n = 5) reported using a smaller amount (Table 11).

	N	Percent
Used less often	10	32%
Used a smaller amount	5	16%
Used more often	7	23%
Used a greater amount	1	3%
No change	9	29%
Changed how drugs were consumed	0	0%

Results from the surveys suggest that receipt of buprenorphine in jail improved their sense of well-being while incarcerated. Although most survey participants indicated a desire to continue buprenorphine following release, some respondents noted challenges in doing so.

## G. Program Revenue Sources and Costs

Budget data showing all revenue sources and costs associated with jail health services' treatment connections programs.

The JHS MOUD program is funded through a local tax levy and several grants from local, state, and federal agencies. The estimated 2021 expenditures associated with the in-custody delivery of buprenorphine totaled \$974,268 and the 2021 expenditures for providing supplemental release support services totaled \$718,521. Please see Tables 12 and 13 for details.

The Mental Illness and Drug Dependency Levy provides salary support for several positions that are integral to the in-custody provision of OUD services in King County jails:

- 5.6 FTE registered nurses
- 1 FTE senior program manager
- 1 FTE release planner
- Partial FTE contributed from prescribers and pharmacy staff

The Treatment Connections (TC) program, which manages the supplemental support services offered at release, is funded entirely through time-limited grants (Table 12). The grant funding is spread across multiple sources which can increase reporting and administrative costs.

Purpose	Funding Source	Current Funding Period	Annual Funding Amount	One-Time or Ongoing	What is being funded
In-Custody Disbursement of Buprenorphine & Oversight of JHS Buprenorphine Program	King County Mental Illness and Drug Dependency (MIDD) Substance Use Disorder (SUD) Program (CD-07)	1/1/2021-12/31/2022	\$978,004	Ongoing	<ul style="list-style-type: none"> <li>• CS Program Project Manager IV</li> <li>• 5.6 CS Registered Nurse</li> <li>• 0.2 CS Medical Provider (ARNP, Jail Health Physician)</li> <li>• CS Release Planner (Social Worker)</li> <li>• 0.23 Pharmacist (Agency Temporary Staff)</li> <li>• 0.23 Pharmacy Technician (Agency Temporary Staff)</li> <li>• Pharmaceuticals (buprenorphine and naloxone)</li> </ul>
Supplemental Release Support Services	US Department of Justice's FY 19 Comprehensive Opioid Abuse Site-based Program	10/1/2019-09/30/2022	\$400,000	One-Time	<ul style="list-style-type: none"> <li>• 2.0 Substance Use Disorder Specialist</li> <li>• Program Project Manager I</li> <li>• Regional Health Administrator</li> </ul>

Purpose	Funding Source	Current Funding Period	Annual Funding Amount	One-Time or Ongoing	What is being funded
					<ul style="list-style-type: none"> <li>Epidemiologist III</li> <li>Ongoing program equipment, supplies and services</li> </ul>
Supplemental Release Support Services	Washington State Health Care Authority Same Day Visit and Transportation Program	07/01/2021-06/30/2022	\$244,578	Expected to be ongoing	<ul style="list-style-type: none"> <li>2.0 Social Services Specialist</li> <li>0.1 Regional Health Administrator</li> </ul>
Supplemental Release Support Services	Department of Health Injury & Violence Prevention Overdose Data to Action Program	09/01/2021-08/31/2022	\$105,189	Expected until 8/31/2023	<ul style="list-style-type: none"> <li>1.0 Substance Use Disorder Specialist</li> </ul>
Supplemental Release Support Services & 7-Day Supply of Buprenorphine Disbursed at Release	Criminal Justice Treatment Act administered through King County Drug Diversion Court and King County Department of Community and Human Services	01/01/22-12/30/22	\$330,000	Ongoing	<ul style="list-style-type: none"> <li>Substance Use Disorder Specialist</li> <li>1.0 Pharmacist (.50 FTE KCCF, .50 FTE MRJC)</li> </ul>
Supplemental Release Support Services & 7-Day Supply of Buprenorphine Disbursed at Release	US Department of Justice's FY 20 Comprehensive Opioid Abuse Site-based Program	10/1/2020-09/30/2023	\$400,000	One-Time	<ul style="list-style-type: none"> <li>-3.0 Social Worker</li> <li>1.5 Certified Nurse Assistant [buprenorphine medication administration]</li> </ul>

	Expenditure	Percent
<b>In-Custody Delivery of Buprenorphine Services</b>		
Staffing	\$900,867	53%
Pharmaceuticals	\$73,400	4%
<b>Total</b>	<b>\$974,268</b>	<b>57.6%</b>
<b>Supplemental Release Support Services via Treatment Connections Program</b>		
Personnel (salary and benefits for 6.3 FTE)	\$624,141	37%
Supplies	\$21,414	1%
Equipment	\$10,918	<1%
Services	\$5,883	<1%

	Expenditure	Percent
Applied Overhead	\$56,164	3%
Total	\$718,521	42.4%
Grand Total	\$1,692,789	

## H. A comparison of the results of the jail health services' MOUD outcomes

H. A comparison of the results of the jail health services' medically assisted treatment outcomes, based in the evaluation required by section E. of this Proviso, with the outcomes of other medically assisted treatment programs operated by other providers in King County, including the cost of the programs

### Overview of detention and Community-based MOUD Programs

Detention-based MOUD programs are significantly different from community-based MOUD programs. Detention-based programs serve people who are entering withdrawal from opioids involuntarily due to incarceration. Individuals may intend to continue treatment medications upon release or may use buprenorphine to treat opioid withdrawal during incarceration. Additionally, if a patient starts buprenorphine while incarcerated, they will have to continue care with a different provider when released. If their traditional medical provider does not have a special license to prescribe buprenorphine, they will have to establish care with a different prescriber.

Community-based, non-detention MOUD programs serve people who voluntarily seek out treatment. This motivation to seek out treatment willingly indicates an intrinsic motivation for people to stop or lower their drug use. They can also have access to counselors who can assist their recovery journey as they experience temptations and cravings for use in the community.

**Survey of King County MOUD Programs:** The Washington Recovery Helpline (RHL) is contracted with King County to maintain information regarding access to MOUD in King County and hold regular coordination meetings with MOUD providers, including JHS.

RHL distributed a survey on behalf of Public Health to the MOUD providers across the County. The survey was distributed via email to its listserv of 154 recipients at 41 agencies with MOUD programs and sent out two reminders during the two-week period that the survey was available. The digital survey was open from May 17, 2022, until May 26, 2022. Responses were submitted from 10 MOUD programs in King County, that represented hospitals, Federally Qualified Health Centers, private clinics, and OTPs.

Among the ten respondents, five shared information about the cost of the program.

- Annual reported costs of the program ranged greatly between programs. Reported yearly costs were \$120,000, \$1.3 million, and \$2 million. Others reported monthly per-person costs. One program also reported that costs were covered third-party insurers.
- Eight out of the ten responding entities reported examining the short-term outcome measures of program retention and visit frequency.
- Six respondents reported examining toxicology report results.
- Two of ten respondents reported that they had outcome measures that they could share for this report. Upon follow-up with the two providers, one, Ideal Option (see below) provided information.
- No responding entities measured longer-term outcomes such as new arrests or mortality.

All questions and responses from this survey are included in Appendix F.

**Ideal Option Annual Report:**<sup>17</sup> Ideal Option is a for-profit outpatient addiction medicine treatment organization. It operates in ten states including Washington. The data points identified below are from the company's website.

- Ideal Option employs more than 100 addiction medicine providers in 75 outpatient clinics across 10 states. It has served over 50,000 individuals.
- Estimated program cost per person as \$578 per month, based on flat rate contract negotiated with state of Oregon and suggested people benefit when in the program for a year with visit frequency decreasing over time. The rate of \$578 per person includes lab costs for periodic urine screens and applies to ongoing treatment in the program's cycle; it does not include treatment initiation, the first few weeks of treatment.
- The retention measures Ideal Option reported publicly across MOUD programs it implements in Washington state for 2017-2021 are:<sup>18</sup>
  - 86 percent of Washington state patients returned for their second MOUD appointment.
  - Of the patients who returned for a second visit, 55 percent remained in treatment for over 12 months.

**Evaluation of Public Health - Seattle & King County Bupe Pathways:**<sup>19</sup> This program is operated by Public Health - Seattle & King County at the Downtown Public Health Clinic. Bupe Pathways is a nationwide model for a "medication first" approach, which prioritizes access to buprenorphine and removal of barriers. It provides walk-in appts, on demand inductions, and no counseling requirement to access medication. This buprenorphine clinic was one of the first to be co-located with needle exchange in the US.<sup>20</sup>

- Total program costs for this program in 2021 were \$1,339,000.
- Quantitative analysis of medical record data: In a predominantly unstably housed patient population, 83 percent returned for a second MOUD appointment and patients were prescribed buprenorphine for a median of 47 days (interquartile range [IQR] = 8-147) in the 180 days following enrollment.

#### Surveys of patients who participated in Bupe Pathways

Of 190 patients in the sampling frame, 152 had contact information and 84 were interviewed. Survey participants noted improvements in:

- General health status (62 percent).
- Relationships (57 percent).
- Medical care source (38 percent).
- Housing status (24 percent)
- Employment status (10 percent).

<sup>17</sup> Ideal Option. (2022). *Annual Report Patient Outcomes 2021: Washington State*. [https://www.datocms-assets.com/13812/1652994683-wa\\_2021-annual-report.pdf](https://www.datocms-assets.com/13812/1652994683-wa_2021-annual-report.pdf)

<sup>18</sup> Ibid.

<sup>19</sup> Julia E. Hood, Caleb J. Banta-Green, Jeffrey S. Duchin, Joseph Breuner, Wendy Dell, Brad Finegood, Sara N. Glick, Malin Hamblin, Shayla Holcomb, Darla Mosse, Thea Oliphant-Wells & Mi-Hyun Mia Shim (2020) Engaging an unstably housed population with low-barrier buprenorphine treatment at a syringe services program: Lessons learned from Seattle, Washington, *Substance Abuse*, 41:3, 356-364, DOI: [10.1080/08897077.2019.1635557](https://doi.org/10.1080/08897077.2019.1635557)

<sup>20</sup> Ibid.

Participants also reported reductions in substance use following enrollment in Bupe Pathways:

- 67 percent decreased use of opioids.
- 45 percent decreased use of stimulants.
- 14 percent decreased use of benzodiazepines.

Positive changes were more commonly reported by patients with greater retention. Open-ended questions regarding factors that facilitated engagement often elicited comments about the low-barrier nature of the program, specifically flexible scheduling, and tolerance of ongoing other substance use.

## I. Comparison of Other Detention-Based MOUD Programs

I. A comparison of the results of the jail health services' medically assisted treatment outcomes, based in the evaluation required by in section E. of this Proviso, with the outcomes of other medically assisted treatment programs operated by providers in other Washington state counties, including programs operated in state, county and local adult detention facilities throughout the state, including the cost of those programs.

No published detention-based outcome analysis comparing the same data requested in this Proviso with other Washington State jails is available. Public Health consulted the peer-reviewed literature that reported outcomes for detention-based MOUD programs operating nationwide and in Washington State. A 2021 Washington State Health Care Authority competitive solicitation for MOUD in jails stated that only about one-third (37 percent) of jails in Washington State provide MOUD to everyone with an identified need.<sup>21</sup>

**Costs:** As previously reported from surveys of other MOUD programs, the cost for MOUD programs in the community range from \$120,000 to two million dollars. The JHS MOUD program's annual budget is within that range at \$1.69 million. The variability in cost is due to program size, design, and staffing models. Most community programs accept Medicaid and other third-party insurance to pay for MOUD. Due to the federal law excluding Medicaid from being used to pay for the treatment of incarcerated individuals, the JHS MOUD program is not allowed to bill Medicaid for insurance for services.<sup>22</sup>

**Post Incarceration Follow-Up and Retention:** For the JHS MOUD program, patients who continued buprenorphine treatment upon incarceration had a 63-80 percent rate of post-release prescription refill. For in-custody buprenorphine induction patients, 26-33 percent had a Medicaid claim for a buprenorphine prescription in the 120 days following release. At least 40 percent of individuals who continued methadone post-release had methadone prior to incarceration.

Although there are no published outcome evaluations for detention-based MOUD that match the criteria requested in the Proviso, the Washington State Department of Social and Health Services, Research and Data Analysis, conducted a program evaluation for Washington State Opioid Treatment Networks, that provide MOUD in both jails and the community. The analysis looked at Government Performance and Results Act (GPRA) follow-up at six months post-release (within a three-month period,

<sup>21</sup> Washington Healthcare Authority (2021). HCA Solicitation #2021HCA42. Medication for Opioid Disorder (MOUD) in Jails Program. <https://www.hca.wa.gov/assets/program/2021HCA42-MOUDinJailsRFA-HCAWebsite.pdf>

<sup>22</sup> Social Security Administration. Medicaid inmate Exclusion Act is in Section 1905(a)(A) of the Social Security Act. [https://www.ssa.gov/OP\\_Home/ssact/title19/1905.htm](https://www.ssa.gov/OP_Home/ssact/title19/1905.htm)

from five to eight months). The follow-up was a survey, not medication or treatment retention. The follow-up rate for jail-based programs were between 16 and 35 percent.<sup>23</sup>

As previously described in this document, detention-based MOUD programs are significantly different from community-based MOUD programs. Preliminary outcomes for the Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) program shed light on what retention and hospitalization rates can look like for patients who enrolled in Buprenorphine treatment outside of a detention facility.<sup>24</sup> The program was implemented in three counties in Washington State: Grays Harbor, King, and Thurston. The study found that 75 percent of patients remained enrolled in the program at 90 days and 59 percent were still enrolled at 180 days. Rates of inpatient hospitalizations and emergency department visits are based on self-reported survey data collected at enrollment and a six-month follow-up. This data suggests that inpatient stays and emergency department visits in the past 30 days fell by 80 percent and 67 percent, respectively. These declines were statistically significant.

**Mortality:** Individuals who leave jail with opioid use disorder and do not receive medication are particularly susceptible to overdose.<sup>25</sup> This has been found in multiple studies, including in Washington State. In the two weeks post-release, individuals in Washington State and North Carolina, respectively, had 129 times increased risk of overdose (compared to the general public) and 40 times increased risk (compared to other formerly incarcerated individuals).<sup>26, 27</sup>

For individuals exiting the JHS MOUD program, only three individuals out of the 2,872 treated died of an overdose in the 120 days following release. This equates to one-tenth of one percent of individuals served.

One systematic review of the effectiveness of detention-based MOUD programs concluded that, “Methadone increases treatment entry and reduces opioid use and injection drug use post-release. Buprenorphine and naltrexone are as effective as methadone in increasing treatment entry. Detention-based MOUD programs did not decrease recidivism.”<sup>28</sup>

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<sup>23</sup> GPRA Survey Rates, Substance Abuse and Mental Health Services Administration (SAMHSA) SOR grant Reporting Period: September 29, 2020

<sup>24</sup> Speaker, E., Mayfield, J., Yakup, S., and Felver, B. (2019). Washington State Medication Assisted Treatment – Prescription Drug and Opioid Addition Project: Preliminary Outcomes through Year Two. Olympia, WA: Research and Data Analysis Division, <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-4-102.pdf>.

<sup>25</sup> Ingrid A. Binswanger, Marc F. Stern, Richard A. Deyo, et al., “Release from Prison—A High Risk of Death for Former Inmates,” *New England Journal of Medicine* 356, no. 2 (2007), 157–65, 161, <https://perma.cc/L49X-7MZ7>

<sup>26</sup> Ibid.

<sup>27</sup> Shabbar I. Ranapurwala, Meghan E. Shanahan, Apostolos A. Alexandridis, et al., “Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015,” *American Journal of Public Health* 108, no. 9 (2018), 1207–13, 1207.

<sup>28</sup> Moore, K. E., Roberts, W., Reid, H. H., Smith, K. M. Z., Oberleitner, L. M. S., & McKee, S. A. (2019). Effectiveness of medication assisted treatment for opioid use in prison and jail settings: A meta-analysis and systematic review. *Journal of Substance Abuse Treatment*, 99, 32–43. <https://doi.org/10.1016/j.jsat.2018.12.003>

Another systematic review of post-release linkage to SUD services following receipt of MOUD in a detention setting concluded, “There was high initial linkage to community treatment but low retention and adherence.”<sup>29</sup>

## VI. Stakeholder Consultation

In preparing and completing the report required by this Proviso, jail health services shall consult with stakeholders, including representatives of the behavioral health and recovery division of the department of community and human services, the department of public health, and Washington state department of health.

Pursuant to the Proviso, JHS contacted the following entities to inform the evaluation and report:

- King County Department of Community and Human Services, Behavioral Health and Recovery Division
- Washington State Department of Health
- Washington State Department of Social and Health Services, Research and Data Analysis Division
- King County Alcohol and Drug Abuse Institute
- Public Health- Seattle & King County
- Washington Association of Sheriffs & Police Chiefs
- South County Entity (SCORE) Jail
- An individual consultant in correctional health

Individuals from these organizations provided written contributions or reviewed a draft of the report and provided feedback. For example, feedback was provided that more clarity was needed in the report regarding the timeline of program implementation, Section III, *Background*. Feedback was received and integrated where appropriate. Please see Appendix G for a list of report contributors.

## VII. Conclusion

King County Jail Health Services greatly expanded its buprenorphine program in a period that coincided with the COVID-19 pandemic. It created and implemented the clinical protocols for both buprenorphine continuation and induction, allowing the program to more than triple the unique number of patients served between 2018 and 2021. Surveys with JHS Buprenorphine patients provide compelling evidence that the receipt of buprenorphine while in jail greatly improved patients’ physical health and sense of well-being while in custody.

The survey data suggested that nearly all patients wished to continue buprenorphine after leaving jail. However, healthcare linkage data suggest that for those who were initiated on medication while in jail only a small subset of patients continued buprenorphine after jail release. The percentage of patients who received supplemental support at release increased over time, but the delivery of this support was hindered by staffing vacancies, limited operating hours, and difficulty reaching released patients by phone or text. Many subsequent jail bookings and emergency department visits occurred among JHS Buprenorphine patients in the 120 days following jail release.

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<sup>29</sup> Grella, C. E., Ostlie, E., Watson, D. P., Scott, C. K., Carnevale, J., & Dennis, M. L. (2022). Scoping review of interventions to link individuals to substance use services at discharge from jail. *Journal of Substance Abuse Treatment*, 108718. <https://doi.org/10.1016/j.jsat.2021.108718>

In conclusion, expansion of the King County jails MOUD programs resulted in a greater number of people effectively treated for opioid use disorder while incarcerated, thereby reducing the number of people experiencing withdrawal, cravings, and related psychosocial distress while in-custody. To sustain the benefits of MOUD post-release, substantial investment is needed to increase the number of JHS MOUD patients who successfully link and engage with community MOUD treatment providers.

## VIII. Appendices

### A. Historical Context for the JHS MOUD Program

Medication assisted treatment (MAT) shall be referred to throughout this report as medication for opioid use disorder MOUD. The change in terminology indicates that the use of medication to treat OUD is not an assistance to treatment, rather the modality itself. MOUD is the standard, evidence-based care for treatment of OUD.<sup>30</sup> In the United States there are three medicines approved to treat individuals with OUD: buprenorphine, methadone, and naltrexone. Buprenorphine and methadone are agonist medications, meaning they are opioids or partial opioids, which act to fill the opioid receptor cells in the brain, satisfying urges and withdrawal symptoms. Naltrexone is an antagonist medication that blocks receptors cells keeping individuals from feeling the sedating effects of opioids.

In community based, non-jail settings, methadone is provided at free standing Opioid Treatment Programs (OTP). OTP's sole responsibility is to provide methadone and counseling for OUD. Buprenorphine and naltrexone can be provided at an OTP, but is most often provided from physician.<sup>31</sup> Physicians need a special "X-Waiver" to prescribe buprenorphine, which indicates they have registered with the federal government to provide the medication.<sup>32</sup> In jails or prisons, naltrexone or buprenorphine can be prescribed by doctors and dispensed through a jail pharmacy, while methadone must be administered by an outside (the jail) OTP, unless the jail is a registered OTP with the State and Federal government.

MOUD is effective at reducing overdose, reducing illicit use of opioids, and reducing the risk of opioid related harms.<sup>33</sup> Multiple studies show that MOUD programs are effective at treating people with OUD in jails and prisons, especially in terms of connecting individuals to treatment and supportive services when they are released.<sup>34</sup> Receiving buprenorphine increases the likelihood of people entering and staying in treatment programs after their jail release.<sup>35,36,37</sup> Impact on longer-term outcomes is harder to

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<sup>30</sup> Substance Abuse and Mental Health Services Administration. (n.d.). Medication-assisted treatment (MAT). Retrieved October 6, 2022, from <https://www.samhsa.gov/medication-assisted-treatment>

<sup>31</sup> Federal opioid treatment standards. 42 CFR § 8.12(a)

<sup>32</sup> Substance Abuse and Mental Health Services Administration. (n.d.). Become a Waivered Practitioner. Retrieved October 6, 2022, from <https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner>

<sup>33</sup> <https://www.cdc.gov/drugoverdose/featured-topics/linkage-to-care.htm>

<sup>34</sup> Wakeman, S. E. (2017). Why it's inappropriate not to treat incarcerated patients with opioid agonist therapy. *AMA Journal of Ethics*, 19, 922-930.

<sup>35</sup> Moore, K. E., Roberts, W., Reid, H. H., Smith, K. M., Oberleitner, L. M., & McKee, S. A. (2019). Effectiveness of medication assisted treatment for opioid use in prison and jail settings: A meta-analysis and systematic review. *Journal of Substance Abuse Treatment*, 99, 32-43.

<sup>36</sup> Sharma, A., O'Grady, K. E., Kelly, S. M., Gryczynski, J., Mitchell, S. G., & Schwartz, R. P. (2016). Pharmacotherapy for opioid dependence in jails and prisons: Research review update and future directions. *Substance Abuse and Rehabilitation*, 7, 27-40.

<sup>37</sup> Stallwitz, A. & Stöver, H. (2007). The impact of substitution treatment in prisons: A literature review. *International Journal of Drug Policy*, 18, 464-474.

achieve;<sup>38</sup> among people with an OUD entering jail who began an MOUD program, roughly three-fourths return to opioid use within three months of release.<sup>39,40</sup> MOUD treatment completion corresponds to less criminal behavior and lower likelihood of overdose.<sup>41,42</sup> MOUD programs for people in jail are important as well as effective; people released from jail without treatment have a much higher risk of death from opioid overdose than the average population.<sup>43</sup> A study showed that people released from Washington State Department of Corrections had over 100 times greater likelihood of death from overdose than other state residents, particularly during the first two weeks after release.<sup>44</sup> Treating OUD withdrawal with buprenorphine or methadone is more humane, rather than allowing an individual to suffer through opioid withdrawal.

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<sup>38</sup> Grella, C. E., Ostlie, E., Watson, D. P., Scott, C. K., Carnevale, J., & Dennis, M. L. (2022). Scoping review of interventions to link individuals to substance use services at discharge from jail. *Journal of substance abuse treatment, 138*, 108718. <https://doi.org/10.1016/j.jsat.2021.108718>

<sup>39</sup> The New Jersey Reentry Corporation. (2018). *Reentry: New Jersey opioid addiction report: A modern plague*. Jersey City, NJ: Author. Available from [https://www.njreentry.org/application/files/2716/4089/3978/Annual\\_Report\\_2018\\_New\\_Jersey\\_Opioid.pdf](https://www.njreentry.org/application/files/2716/4089/3978/Annual_Report_2018_New_Jersey_Opioid.pdf).

<sup>40</sup> Fox, A. D., Maradiaga, J., Weiss, L., Sanchez, J., Starrels, J. L., & Cunningham, C. O. (2015). Release from incarceration, relapse to opioid use and the potential for buprenorphine maintenance treatment: A qualitative study of the perceptions of former inmates with opioid use disorder. *Addiction Science & Clinical Practice, 10*, 2. doi: 10.1186/s13722-014-0023-0

<sup>41</sup> Stallwitz, A. & Stöver, H. (2007). The impact of substitution treatment in prisons: A literature review. *International Journal of Drug Policy, 18*, 464-474.

<sup>42</sup> Dolan, K. A., Shearer, J., White, B., Zhou, J., Kaldor, J., & Wodak, A. D. (2005). Four-year follow-up of imprisoned male heroin users and methadone treatment: Mortality, re-incarceration and hepatitis C infection. *Addiction, 100*, 820-828.

<sup>43</sup> Larochelle, M. R., Bernstein, R., Bernson, D., Land, T., Stopka, T. J., Rose, A. J., Bharel, M., Liebschutz, J. M., & Walley, A. Y. (2019). Touchpoints - opportunities to predict and prevent opioid overdose: A cohort study. *Drug and Alcohol Dependence, 204*, Article 107537. <https://doi.org/10.1016/j.drugalcdep.2019.06.039>

<sup>44</sup> Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, et al. (2007). Release from prison—a high risk of death for former inmates. *New England Journal of Medicine. 2007*;356:157-65.

## B. Description of Data Sources

Data sources available for this analysis are as follows:

**Medicaid Claims:** Medicaid enrollment and claims data, known as ProviderOne data, are shared with Public Health – Seattle & King County by the Washington State Health Care Authority. Public Health - Seattle & King County receives a rolling 12-month data extract each month from HCA that contains enrollment and approved claims records for all Apple Health/Medicaid enrollees with a ZIP code in King County. Medicaid data was linked to JHS electronic health record (EHR) data and used to identify three health care utilization concepts for this analysis – 1) filled buprenorphine prescriptions, 2) all-cause Emergency Department visits, and 3) all-cause hospital inpatient stays.

**DCHS' Behavioral Health Information System & Client Outcomes Reporting Engine for MIDD-Funded Programs:** The data represents individuals served by programs administered or funded by King County's Department of Community and Human Services. As such, this data represents only a fraction of all SUD services available in King County. Only a subset of DCHS-funded programs provide service-level data, which may cause the number of service encounters (reported below) to be underestimated.

Outcome data on MIDD-funded programs<sup>45</sup> was limited to those individuals who started participation in a MIDD-funded program within the four months following their release; as such, outcome data for individuals who started participating in a MIDD-funded program prior to participation in the JHS Buprenorphine program and subsequently continued participation in that MIDD-funded program after release is not represented here.

Outcome data on substance use disorder service engagement was limited to those patients who could be matched to existing DCHS data. The common use of aliases at time of booking might have hindered linkages between jail health records and DCHS outcome data. Approximately 11 percent of JHS Buprenorphine patients' booking episodes could not be linked to DCHS outcome data.

**Jail Booking Data:** Outcome data on jail bookings comes from the County's two jail facilities, King County Correctional Facility (KCCF) and Maleng Regional Justice Center (MRJC or just RJC), as well as the five municipal jails within the County: Enumclaw, Issaquah, Kent, Kirkland, and SCORE (South Correctional Entity). As with data from DCHS, the common use of aliases might have hindered linkages between jail health records and jail booking data. Approximately 11 percent of JHS Buprenorphine patients' booking episodes could not be linked to the jail booking outcome data (i.e., no unique identifier could be associated with the patient that could identify them in both county and municipal jail records). It should be noted that bookings may include transfers of custody and may not account for new criminal activity (e.g., someone could be booked for new charges filed on a pending case).

**Death Records from King County Medical Examiner's Office and WA DOH Vital Statistics:** The Medical Examiner's Office investigates deaths in King County that are unexpected, sudden, violent, suspicious, and/or lack a known cause, but does not contain all death records in King County. Vital statistics data covers additional causes of death but are currently only available through 2020. We matched against both data sources to identify as many deaths as possible that occurred among participants in the JHS Buprenorphine program.

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<sup>45</sup> The MIDD-funded programs included under DCHS-supported substance use services are those that fall under the following initiatives: Adult Drug Court, Juvenile Therapeutic Response and Accountability Court, SUD Peer Support, Rapid Rehousing-Oxford House Model, SBIRT, and Multipronged Opioid Strategies

## C. Survey Questions and Responses for Survey Evaluating MOUD Program's Influence on Jail Stay

To begin, I'm going to read a list of statements about your experience receiving buprenorphine ("bupe" or "Suboxone") in jail. For each statement, tell me if you agree, disagree, or don't know.

1. My treatment options were explained to me
  - a. Agree
  - b. Disagree
  - c. Don't know
2. My concerns were heard
  - a. Agree
  - b. Disagree
  - c. Don't know
3. I was included in the decision-making process of my care
  - a. Agree
  - b. Disagree
  - c. Don't know
4. I have been treated with dignity and respect by the MAT specialist
  - a. Agree
  - b. Disagree
  - c. Don't know
5. I have felt just as respected as other people in jail
  - a. Agree
  - b. Disagree
  - c. Don't know
6. The MAT Specialist worked with me on achieving my goals
  - a. Agree
  - b. Disagree
  - c. Don't know
7. The MAT Specialist talked to me about safety planning and how to reduce my risk of overdose
  - a. Agree
  - b. Disagree
  - c. Don't know
8. Has the jail buprenorphine program improved, harmed, or had no effect on your physical health?
  - a. Improved
  - b. Harmed
  - c. No Effect
  - d. Don't know
9. Has the jail buprenorphine program improved, harmed, or had no effect on your emotional well-being?
  - a. Improved
  - b. Harmed
  - c. No Effect
  - d. Don't know
10. What comments (if any) do you have about the program's effect on your physical or emotional health?

- a. [open-ended]
- 11. How interested are you in continuing buprenorphine after you leave jail?
  - a. Very interested
  - b. Somewhat interested
  - c. Unsure
  - d. Not interested
- 12. Why are you [answer above] in continuing buprenorphine after you leave jail?
  - a. [open-ended]
- 13. [if applicable] What challenges do you anticipate for continuing buprenorphine after you leave jail?
  - a. [open-ended]
- 14. What aspect(s) of the Treatment Connections program do you appreciate the most?
  - a. [open-ended]
- 15. What aspect(s) of the Treatment Connections program have been frustrating?
  - a. [open-ended]
- 16. What changes would you recommend to the Treatment Connections program?
  - a. [open-ended]
- 17. Would you like the MAT Specialist to visit you?
  - a. Yes
  - b. No
- 18. [if applicable] What is the most important concern that you would like help with right now?
  - a. [open-ended]
- 19. Those are all the questions I have for today. Thank you for your time and feedback. Do you have anything you want to discuss before we wrap-up?

## D. Open-ended Responses for Survey Evaluating MOUD Program's Influence on Jail Stay

Q 1. What comments (if any) do you have about the program's effect on your physical or emotional health?

- it is difficult to be in a tank full of new comers because I have been here a long time and taking bupe mainly for pain. It is frustrating to be in tank with people who are new and throwing up and that affects me from trying to get clean.
- Thankful for it.
- It's good that I can have better emotional health because I'm on buprenorphine.
- no comments
- gave me hope
- it helps- i can just say it helps
- I was in rough shape when I came in and the suboxone program helped me settle down and deal with life on an everyday basis.
- none
- I still feels like I crave opioids and I am already on 24mg and that is that highest in the jail. When I get out I will need to get more than just Suboxone to stop my cravings
- Make the dosage higher than 24mg. And to also be able to test the difference between the white and the orange kind, also if they prefer the difference between the pill or the film version of the medication.
- I think it a good program.
- I feel 10 times better
- none
- none
- its helpful
- I disagree because I am still hurting.
- Helped a lot
- it has help. If I was stuck with it last time things would not have been like this.
- i believe in the program. it works if you work it.
- I wish they would give me some kind of work shop instead of just giving me the med. I would like an educational work shop.
- overall stabilize me give me a positive outlook and helps me deal with life
- n/a
- none
- none
- I wish the program could be more widely accessed by more people in jail instead of just a narrow amount of people
- It's a huge relief to not have to be worried about being sick or discontinuing my medication while in jail
- It helps with jail
- none
- I appreciate the program. It has been a help to me.
- no
- It makes people want to use less in jail
- it helped while being in jail

- none
- no
- I am just grateful for it.
- none
- none
- the support has been really effective. there has been a lot of support. without that i might have gone back.
- Overall it makes being in jail easier to cope with. It has given me a positive outlook about my recovery
- none
- It made coming in off the streets and adapting to this environment much easier, rather than 2 weeks of feeling miserable
- not really any or downsides in any way at all
- none
- I feel like I can take suboxone and be well
- Its made my stay in jail a lot more comfortable
- Its positive all the way around. Able to regain my thoughts and further regain my sobriety.
- It has calmed me and lowered my stress level. It's made my time go by easier.
- none
- none
- none
- positive
- I'm pretty happy with everything. I'm hoping that my care goes into my medical record so that this treatment will be available to me in the future.
- If people do get kicked off at least give them a taper
- when you stop doing drugs you start feeling again. the program keeps you high.
- It helped with the withdrawal so I was able to eat.
- none
- no
- no
- I hope that if I do get released that my medication can be on my property
- It helped my attitude, my time go by faster, made me feel like me, and not about going to get high
- pretty good effect, not being able to get on it fast enough
- it helps me get through my emotional stress
- It's helped me. I've been happy and working out. For me to be happy in jail says something.
- It helped me get out of bed and eat. It would suck to not have it.
- none
- It gives me the confidence I need to get up every day. It keeps my mind off the dope and the negative stuff. I don't dream about getting high and that is a big part of my emotional stability.
- Helps me sleep and get through my day
- It helps me sleep and helps my time go by easier and helps me with not having thoughts of wanting get high
- It would be nice if someone would talk to me about the long term effects of this medication

- I think it's a great program. I think it should be everywhere.
- It helped a lot. Suboxone helped me get through my day and eased my time a lot.
- none
- I feel a lot better. I'm eating. I would like to up my dose.
- none
- If I didn't have it I would be stuck in my cell thinking about the first thing when I get out is going to get high. It has changed my outlook on a lot of different things that are going on in my life right now. Physically I would feel weak if I didn't have it.
- It's had a great effect on it. It is way worse being dope sick.
- none
- If it can work for me it can work for all
- none
- none
- none
- If I didn't have it, emotionally and physically, it's like night and day. Most of the girls would be trying to get drugs in here, but it hasn't had to be like that.
- It definitely helps with the anxiety and helps calm the storm of being in here and the storm of what I'm going to do without. Having it be so dependable every day gives us something to look forward to.

Q 2. Why are you [interested in bupe] in continuing buprenorphine after you leave jail?

- for pain management in fibromyalgia from car accident
- because i have been on DOC for a lot time and have been using it. With bupe I am not doing drugs. I just want to do better.
- It helps me function in life
- better for me so I don't go back smoking heroin.
- help me get off opioid because I never thought I could get off.
- it is an alternative to going back to street drugs
- It's going to be awhile until I get out. Not sure if they have suboxone in prison. I may not get back on suboxone after a period of being off in prison.
- because it help me with the cravings. since I have been using it, I have not been craving.
- Because if I don't I will most certainly go back to hard drugs.
- Because I got to speak to Ryan
- because it saves lives
- To stay off of opioids
- I believe that it helps
- getting on a medicine program
- its reallt helpful. it also helps with mood swings.
- Because I am 71 years old and I want to get off everything. Get off drugs and everything. I am tired and I want to live!
- Because I want to stay clean
- because it can help me know do heroin and fentanyl
- part of the road to success and no longer being a victim. I'm tired.
- I have an heroin addict for 10 years and I don't want to be an addict anymore.
- mental health aspects

- better than he alternative
- I dont want to relapse
- because it helps
- Has definitely changed my outlook for living a sane lifestyle
- Ive been on it for 3 years
- To stay clean, stay off opioids
- I was on methadone for years before I came in and that is what works better for me when I'm out of jail.
- Because I don't want to back to street drugs
- It helps me
- to not do other drugs, Its like xanax for anxious people, it takes the craving out.
- Dont know where I'm going to land yet
- So I can quit doing fentanyl and heroine
- because it has helped.
- because I feel like it will help change my life on the things I am doing outside of here. When I was in suboxone before it have help me.
- help with my anxiety
- because I want to not have to keep taking suboxone. go straight to rehab. its cool but it doesnt help you much.
- just cause it have help me stay clean and help me in the thinking process of using and getting off drugs.
- smoking has been a big distraction for me when trying to meet goals.
- Trying to get my life on track. It takes away the obsession with getting high.
- trying not to overdose
- It has alleviated my cravings and made me realize that I can function normally
- Very interested to actually show that I can have more of a success rate in my day to day to life, not turn to a substance that can kill me and break out of the situation I'm in now of being homeless. I'm trying to change my life for the better.
- For a better, "Why try to fix something that's not broken" Things are going good
- I have energy and I don't have to go look for drugs
- Because i want to stay sober
- It allows me to function and be a part of society with out looking for drugs
- I'm interested in staying clean. I don't have the urge to get high when I use suboxone.
- To help better my life
- to stay off of drugs
- It helps with my cravings
- Because I am done with the old life and ready to move on
- To help with my overall continuance in recovery, sobriety, and to live a happy lifestyle
- I need it for another line of defense against my addiction
- so i am not sick
- I'm trying to stay clean. It blocks me from using drugs.
- dont know
- to stay off of heroine
- Because it's going to help me not get back into the drugs
- Sublicade was the best thing that ever happened to me

- Because of how it makes me feel and how it has effected me, also in hopes that it will keep me from relapsing and going back to illegal substances
- Being in addiction is not helping me improve.
- so i get off of fentanyl
- To stay off opioids and to stay healthy and happy
- Because I don't want to be addicted again
- To help me with the overall path I'm trying to go
- Because it helps me stay off the dope. I have a daughter. I want to take a chance on suboxone and leave the dope behind.
- Takes my cravings away and my thoughts
- It is going to help me from being tempted to doing drugs again and will keep me on the right side of the track.
- Because it helps me with the cravings
- So I can stay sober and I can hopefully continue this program for awhile and forget about using.
- I don't want to go back to using. I want to take a break from using.
- to help me stay sober
- Because I'm sober and clean. I will have a better chance of seeing my daughters.
- To keep me on the right path and staying away from the use of drugs
- Because when I get out, I have a son, and I have to do the whole dad role. I can be out there doing drugs because that is something a dad doesn't do.
- I'm trying to be clean and sober.
- Because I don't want to go back to using. I feel like sh%^ without it
- I was dying and ti saved my life and allowed me to continue living for my family and kids
- to stay sober
- Because I don't have any wants to get high at all. It takes the cravings away.
- If I stay on suboxone when I leave jails I will have the best shot staying clean and moving on to better life choices. If I didn't have suboxone to fall on right away I will fall back to what I know, the streets and dope.
- Because I don't want to continue doing heroine. It's the least mild option compared to methodone. I think it's a lot healthier.
- Because I'm going o treatment. This is the first time I've decided to go to treatment and the program helped me make that decision.

Q 3. What challenges do you anticipate for continuing buprenorphine after you leave jail?

- not knowing if i would be able to continue treatment at a different facility
- no challenges. pretty easy
- Nothing will get in my way
- none
- outside influences
- being able to find someone to get bupe- I don't have a provider
- Not really sure. Seemed like suboxone was fairly easy to work with outside of jail. Really easy to deal.
- no challenges

- I had it prescribe in Oregon and it was easy and I had one provider for all my needs and I am worried they don't have that here. I just want one provider for all my medication needs.
- getting to and from appointments and getting the proper dosage, and determining which works best for me: pill or film.
- I do not know
- Im not sure
- none
- being homeless and being around drugs
- they only give you 7 days when you get out
- Peer Pressure
- signifcant challenges because I am not sure if they will continue in prison.
- getting to the clinic
- Just the freedom of choice. because if you are presenting other options it will throw you off. I have a set routine right now.
- none
- bad choices
- transportation
- getting prescriptions
- Continuing to make wise choices in the presence of illegal drugs
- Don't have any
- going to prison
- I was on suboxone 15 years ago and I have found that having the regiment of methadone kept me on track and accountable
- nothing
- no prob
- Dropping from 24 to 16mg if you want to go off of it.
- housing
- Not knowing where to go get it.
- I don't know
- Just being around people that use
- none
- staying clean and continuing staying clean
- Finding a clinic
- Our significant others are using.
- housing
- transportation, finding a doctor
- Finding a good provider. I live here and then I go and see my mother in eastern washington
- none
- Running into people I know that use it
- drug use
- Me finding the recourses of suboxone
- I don't really see anything getting in my way
- housing and transportation
- other people using
- finding a provider

- The ability to get the suboxone
- My only challenge would be my own in issues in recovery.
- People, places, and things
- nothing
- Last time I got out, they didn't dose me before I got out. Instead they handed me medication but did not make me take it. So when I got out of jail last time, it was easier to go get high.
- picking up the prescription
- making it to the clinic
- nothing
- Not getting into treatment too. You have to do the footwork and not just depend on the medication.
- my insurance and making sure I can afford to keep taking it, and having the resources to stay on it
- being homeless. there's not a program you can get deferred to with housing
- dont know
- Literally having to go by myself to an appointment
- Prison
- I plan on going to Idaho, so having to find a provider over there
- I ran out when I was taking it before.
- nothing
- My environment, people I surround myself with
- transportation
- Not having it
- The chance of using
- Being around people that use
- I really have to get out of my area. Places
- negative influences, people
- nothing
- drugs
- Ideal Option not taking me back
- nothing
- somewhere to get it from
- People I'm around
- How readily easily is or me to get suboxone, and cost wise.
- I've got a good clinic to go to. I don't see any obstacles. I've been lucky in that regard.
- Appointment settin, not having a phone or transportation to get to appt, or having a support system.

Q 4. What aspect(s) of the Treatment Connections program do you appreciate the most?

- just the fact that we are offer any treatment. I have seen a small group if people who are very sick and I have tried to help. This is a very helpful aspect when trying to get off drugs.
- I was able to continue my bupe after IOP.
- I appreciate that I'm even on it.
- it help me a lot for not going back to smoking heroin.
- I dont know

- just being a part of the program and being thankful for the program
- All the people in the program I've worked with has been super nice. Everyone has tried to give me information for when I get out.
- I appreciate the consistency of the program. I could rely on you guys coming everyday.
- Everything. I get some pain control from two surgeries and car accident so I need something to help me not get back to being an addict.
- Sitting and talking
- Being a part of it.
- Just being able to feel better and not being sick
- the consistency
- When I was going through withdrawals and they were offering it and that helped me.
- i like that you guys are so involved
- I think it helps me to get off everything else. I have been on morphine, oxycodone and suboxone help me get off of everything
- The help with my withdrawals
- The availability. It was right there for me.
- hands on follow ups
- I am not sure.
- that it's available here
- not sure
- they are helping people in my situation
- Appreciate getting the suboxone
- Seems like they go beyond what you might typically expect
- The dosing in jail and acces to treatment while in jail
- They seem to be pretty involved
- The nurses that does us are very understanding, answer our questions and have a lot of information for us.
- The ease of difficulty of getting onto it. I appreciate that I didn't have to jump through a bunch of hoops to get onto it.
- no
- Everyone's time coming here and giving the dose
- last time the set me up with a place to go after you get out
- That you guys are taking your time to help us with out treatment
- That I don't have to come in and worry about being sick and going through the misery.
- Just that I didn't have to withdrawal in jail
- I don't know
- none
- they treat me in a more personal level
- the fact that you guys make sure that we are doing ok through the whole process
- The loss of withdrawals while in jail. The negate of the sickness.
- suboxone
- consistency, and the nurses that come in and talk to you, the staff can relate
- I appreciate that it is something that is legal and that I can take at my own use
- Everything, your time
- I appreciate you guys are giving it to us and give us that trust

- the way that you guys are making it so easy to continue treatment after you get out
- The availability and that the medication last 24 hours a day. We don't go through withdrawals.
- How respectful the nurses are in giving us so much time to take the medication
- suboxone program
- How it's helping me not think about drugs
- That you guys are willing to help
- Getting away out of the old life
- The easability of being on the treatment in jail, and no judgement by any of the staff
- The fact that they are acknowledging ang trying to do something about the core issue which is addiction and not just locking us up.
- trying to help when we get out
- They heard me when I said I was sick and I didn't have to go withdrawals.
- they set up me up with a carry of suboxone the last time i got out
- working towards something while I am incarcerated
- They are looking out
- I really appreciated Leesha and how much she would work with me
- I appreciate how you guys are on top of making sure we are ok on the program, your connections with us, and follow up. I appreciate you offering us this in jail. The first step to getting us off the streets is getting us off the drugs.
- everything has been helpful when you are battling back and forth with addiction
- sending people like you my way
- Everything so far
- That you guys came and seeked me out.
- The fact that it is even offered. I have been in jail without it before and it has made thinf more stressful
- The fact that you guys come at a certain time every day
- Helps me get through my day
- The program period, having it as an option, it's a blessing
- the medicine
- I really like how the MAT program works with each other in jails
- The consistency
- Getting my suboxone
- Being able to get into as quick as I was able to
- How consistent you all are on checking in with us
- Just the help of being there everyday instead of not having anything and weening off of heroine without anything. It was actually helpful coming off it.
- Talking to the counselors
- All of it
- People are interacting with the people, face to face, understanding that we are human beings, that we make mistakes
- medication seems to work
- Just how quick they were to have me get on it here. It was actually really fast.
- All the help in general that you guys have given. Like Tom showing up. He is great. You guys offer a lot of resources and a lot of help.

- I appreciate the people and the fact that it's available.
- The whole generosity of being able to accomodate us while we are in these circumstances.

Q 5. What aspect(s) of the Treatment Connections program have been frustrating?

- Not related to TCP but bupe med pass: the way we get dose can get very demeaning- sitting in circles for dosing. the CO making disrespectful comments "here comes your drugs"- just a lot of negative comments from the CO.
- not a lot
- It's frustrating that they dose us at 3pm and when it would have a better effect for us in the morning.
- none
- nothing really
- I have not seen a MAT Specialist yet!
- Sometimes it seems they are a little bit rushed when we are taking suboxone.
- none
- nothing really so far other than I still crave opioids
- Having no privacy or trust. No one following through.
- I do not know
- nothing so far
- nothing
- none
- none
- none
- Haven 't experienced frustration yet
- new nurse but other than that nothing
- none
- at first I am not sure if it was a jail staff issue. It was difficult getting information about dosing. They would not want to hear my concerns as I am the person who knows myself best.
- i wish the max dose was not 24mg
- none
- none
- nothing really
- Getting the program to work with my lawyer to find out what is going to happen to me eventually
- The dosing schedule, taking it too late in the day
- not sure
- nothing
- none
- no
- 5 minutes doesn't seem long enough to let the medication dissolve
- nothing yet
- none
- nothing right now
- it all have been pretty helpful
- none

- they dont give me education on it. they dont give you social worker. they dont give me anything no mentor
- trying to get my suboxone in the morning instead of the afternoon
- having to sit in row with people at RJC, sometimes people are sick and dont want anyone next to them
- They upped the dosage very quickly. If you are in jail longer, up the dosage slower. Up it past 24 if you are here longer.
- none
- nothing
- Having to deal with certain people running it for us and taking it back to the units
- no frustrations yet
- nothing
- in my case I was put on a benzo taper for the first 20 days so I couldn't start suboxone for 20 days. That was kind of frustrating.
- none
- n/a
- none
- none
- nothing
- The first 10 days I was in here I was not able to get on the suboxone
- The lack of aa or na groups because of covid
- nothing yet
- the taste of the medication
- I notice that sometimes they give us different brands. And they aren't the same. It's hard to explain.
- not being able to change my dosing until the morning
- none
- nothing
- Not understanding if you are still going to get your medication when you are coming in, if you leave for a temporary medical release, and then the jail tries to say you are not on it when you come back, and then you would have to go through withdrawal
- How long it takes to get a reply from the kite system, if we get a reply at all.
- not being able to get on it and stick to it has been my problem
- none
- Trying to get on the program the last time I was here
- not really any
- none
- none
- no
- no
- Nobody informing me before hand information about the medication
- Sometimes how other people sneak the suboxone and then we all get shaken down
- none
- none
- It was difficult to get ahold of staff. Needed to send several kites.

- none
- Just the timing. Yesterday I didn't get my dose until 6 because of court. There are times it as come at 1pm and times that it has come at 5pm. It's supposed to come at 3pm. If it's not at time, people do tend to get on edge. People tend to get into people's business out of nowhere. For example, when it was running late, someone was getting on edge, and then someone not in the program told him he should just get off of it.
- Adapting to new peers, wondering how people are going to treat you, or judge you
- Getting up out of the deep sleep
- me having doubt, having the fear that I'm not going to succeed.
- nothing
- none
- none to me so far
- This time it has been really easy so I haven't really had any frustrations.
- I see people come in that don't need suboxone immediately bc they are self medicating. When they run out and need to be seen, they have already been here for too long. Also, the timing of us getting our dose isn't the same time everyday. The guards can't always permit that, and then it will get hours delayed, and then we begin to get sick.

Q6. What changes would you recommend to the Treatment Connections program?

- I will leave this one open because I really don't know what to say on that
- I see some people who got kick out for misuse, maybe the program can try to be more understanding.
- Dose people at 8am in the morning or at breakfast time.
- none
- more meeting like this
- It is pretty good- I am happy I am getting help
- I think it's running pretty good as it is now.
- none
- none
- That people do what they say, staff and employees. That your employees communicate how much they are able to assist us in getting to appointments and help us when we are in crisis.
- Move to strips
- none so far
- change the dose to higher because I use opioid a lot
- none
- none
- I think its going good as far as my concern.
- Helping people out when they come in.
- none
- none
- Try to explain in simpler terms because people in the jail does not know a lot of big words.
- considering higher doses for people that are already on higher doses.
- ask somebody else
- none
- no comment

- If some people are unhappy with suboxone, allow them to go over to methodone
- Ive been in jail 3 time this year and this was the only time someone came and talked to me about resources
- I dont think everyone needs to be on that high of a dose. look into sublicade
- strips instead of pills
- none
- no
- more time on dose taking
- can't think of anything
- none
- none
- couple of people have told me they weren't able to get it. Maybe to make it availibe to people with opioid addition.
- get the suboxone twice a day
- send people to treatment and not just give them suboxone. just send they to a real place for treatment. how does that hep me?
- to have a choice on getting suboxone at AM or PM
- dosing people in the morning and evening, dosing twice a day
- It would be a lot easier if it were the strips. It would be quicker and would be easier.
- none
- none
- A little longer than 5 minutes to let it dissolve in our mouths
- not sure
- dont know
- n/a
- none
- Maybe giving us like 5 more minutes when taking our medication
- none
- none
- none
- none
- none
- I know diverting is wrong but I feel for people that go through withdrawals. They should offer them a taper.
- let us request the ora
- When we get give us extra support because it can be easy to go do our own thing when we get released.
- dose in the am
- none
- its going good
- Nothing, I'm glad they are still trying to improve options
- Having a communication system to the MAT specialists, so we could bypass the jail system, so we know that our messages actually get through.
- i think i would be more involved
- suboxone strips instead of the pills

- nothing so far
- none
- Where it is done at inside of the jail
- none
- none
- Everything is fine right now, It's not fair that people have to go through hula hoops to get back on it when they get in here, if they have already been on it
- Maybe they could dose us a little bit earlier
- Id really prefer the strips better
- More face to face meetings like this, and more help for users.
- None
- none
- none
- nothing much. everything is going good so far
- Be willing to change, and put the alcohol and drugs down
- Id make it so you didn't both dosages at once. It would be better to take one dose in the morning and one dose in the evening
- nothing
- none
- none so far
- none
- If you could have a say in your dosage.
- I wouldn't recommend any so far. Would be nice if we could get on-site counseling and sponsorship connection to help support us for the human mind.

## E. Survey Evaluating MOUD Program's Influence on Post-Release Service Access and Well-Being

Now I want to ask you a few questions about services you may have received during your last jail stay.

1. Do you recall receiving Suboxone during your last jail stay?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
2. How did Suboxone impact you while in jail?
  - a. [open-ended]
3. At release, do you recall receiving...
  - a. A postcard with information about overdose prevention
    - i. Yes
    - ii. No
    - iii. Don't know
    - iv. Refused
  - b. 7-day supply of suboxone
    - i. Yes
    - ii. No
    - iii. Don't know
    - iv. Refused
  - c. Instructions for completing same day Suboxone appointment
    - i. Yes
    - ii. No
    - iii. Don't know
    - iv. Refused
  - d. Naloxone, the medication that can reverse an opioid overdose
    - i. Yes
    - ii. No
    - iii. Don't know
    - iv. Refused

Now I'm going to ask you about what happened after you were released from jail.

4. Did you want to continue Suboxone after your jail stay?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
5. [if applicable] Why did you want to discontinue Suboxone after you left jail
  - a. [open-ended]
6. [if applicable] Did you speak with jail staff about how to get Suboxone after your last jail stay?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
7. [if applicable] Did you receive Suboxone from a clinic after your last jail stay?

- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
8. Did you want to pursue some other substance use treatment aside from Suboxone after your jail stay?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
9. [if applicable] What forms of substance use treatment did you want to receive after your jail stay?
- a. Methadone
  - b. Detox
  - c. Overnight rehabilitation
  - d. Substance use counseling
  - e. 12-step, recovery group, or some other peer support program
  - f. Other
10. [if applicable] Did you speak with jail staff about how to get substance use treatment after your jail stay?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
11. [if applicable] Did you receive any substance use treatment after your last jail stay?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
12. [if applicable] After you were released from jail, at which clinics or facilities did you receive substance use treatment?
- a. [open-ended]
13. [if applicable] About how many times did you go to this clinic or facility after you were released from jail?
- a. 0
  - b. 1
  - c. 2
  - d. 3
  - e. 4-6
  - f. 7-9
  - g. 10 or more times

Treatment Connections is a health department program that strives to support people leaving jail to connect with substance use treatment services in the community.

14. Did you speak with someone from the Treatment Connections Team after your release from jail?
- a. Yes
  - b. No

- c. Don't know
  - d. Refused
15. Did you receive or were you supposed to receive a gift card from the Treatment Connections team?
- a. Yes – I received a gift card
  - b. I was supposed to receive a gift card but never received it
  - c. I never heard anything about gift cards
  - d. Don't know
  - e. Refused
16. [if applicable] What challenges (if any) did you encounter trying to get or spend your gift card?
- a. [open-ended]
17. To what extent did you feel supported and respected by the Treatment Connection Team?
- a. A lot
  - b. Somewhat
  - c. Not at all
  - d. N/A, I do not recall speaking with the Treatment Connections team
18. Do you have any feedback you would like to share about your experience with Treatment Connections?
- a. [open ended]

[if applicable] I'm happy to hear that you received treatment services following release from jail. I'm going to read a list of things that might have motivated you to seek treatment. For each item I read, would you please tell me if it strongly, somewhat, or not at all influenced your motivation to get services?

19. Monetary Incentives
- a. Strongly influenced
  - b. Somewhat influenced
  - c. Not at all influenced
20. Support from Treatment Connections Staff
- a. Strongly influenced
  - b. Somewhat influenced
  - c. Not at all influenced
21. Support from friends and/or family
- a. Strongly influenced
  - b. Somewhat influenced
  - c. Not at all influenced
22. Self-motivation
- a. Strongly influenced
  - b. Somewhat influenced
  - c. Not at all influenced
23. Benefits of treatment on other aspects of life
- a. Strongly influenced
  - b. Somewhat influenced
  - c. Not at all influenced

Staying in treatment can be hard. I'm going to read a list of challenges that people often face when trying to access substance use services. For each challenge I read, please let me know if you have faced it when trying to get treatment after being released from jail?

24. Concerns about costs
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
25. Concerns about insurance
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
26. Inconvenient appointment times
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
27. Inconvenient location
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
28. Lacked transportation
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
29. Unreasonable clinic rules
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
30. Appointments were too frequent
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
31. Judgmental staff
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
32. Felt uneasy being around people at or near the clinic
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
33. Some other challenge
  - a. Yes
  - b. No

- c. Don't know
  - d. Refused
34. Are there other things going on in your life that make treatment difficult?
- a. [open-ended]

We are almost done with the survey. This next set of questions asks about drug use before and after your jail stay

35. What non-prescribed drugs did you use in the 30 days prior to your last jail stay? (check all that apply?)
- a. None
  - b. Heroin & methamphetamine together
  - c. Heroin (on its own)
  - d. Methamphetamine (on its own)
  - e. "Blues" or similar pills that look like prescription opioids and gotten from a friend, dealer, or a website
  - f. Percocet, OxyContin, or other prescription opioid from a pharmacy
  - g. Benzodiazepines like Xanax or valium
  - h. Cocaine
  - i. Crack
  - j. Other: specify
36. What was your drug of choice in the 40 days prior to your last jail stay? (choose 1)
- a. None
  - b. Heroin & methamphetamine together
  - c. Heroin (on its own)
  - d. Methamphetamine (on its own)
  - e. "Blues" or similar pills that look like prescription opioids and gotten from a friend, dealer, or a website
  - f. Percocet, OxyContin, or other prescription opioid from a pharmacy
  - g. Benzodiazepines like Xanax or valium
  - h. Cocaine
  - i. Crack
  - j. Other: specify
37. Which type of drug is most likely to contain fentanyl, an extremely potent opioid that carries an acute risk of overdose? (choose 1)
- a. None
  - b. Heroin & methamphetamine together
  - c. Heroin (on its own)
  - d. Methamphetamine (on its own)
  - e. "Blues" or similar pills that look like prescription opioids and gotten from a friend, dealer, or a website
  - f. Percocet, OxyContin, or other prescription opioid from a pharmacy
  - g. Benzodiazepines like Xanax or valium
  - h. Cocaine
  - i. Crack
  - j. Other: specify
38. How, if at all, did your drug use change since being released from jail? Check all that apply
- a. No change
  - b. Changed primary drug

- c. Used less often
- d. Used more often
- e. Used a smaller amount
- f. Used a greater amount
- g. Changed how I consumed drugs
- h. Don't know
- i. Refused

Now I want you to think about other aspects of your life that might have changed after your last jail stay compared to before your last jail stay. For each thing I read, please tell me if it changed for the better, changed for the worse, or did not change after your jail release.

39. Physical Health

- a. Better
- b. Worse
- c. No change

40. Emotional Well-being

- a. Better
- b. Worse
- c. No change

41. Relationships

- a. Better
- b. Worse
- c. No change

42. Housing Status

- a. Better
- b. Worse
- c. No change

43. Employment

- a. Better
- b. Worse
- c. No change

44. Outlook for the future

- a. Better
- b. Worse
- c. No change

45. Do you think any of these changes were directly affected by the help you received after you were released from jail?

- a. Yes
- b. No
- c. Don't know
- d. Refused

46. [if applicable] Would you please describe how the help you received affected this aspect of your life?

- a. [open-ended]

47. Would you please briefly explain why this change occurred?

- a. [open-ended]

Before we wrap up the questionnaire, I wanted to ask a few brief questions about your background. This information helps us assess whether there are differences in the quality and impact of our programs on specific sub-communities in King County

48. What was your assigned sex at birth?
  - a. Male
  - b. Female
49. Do you identify as transgender, non-binary, or genderqueer?
  - a. Transgender
  - b. Non-Binary or genderqueer
  - c. None of the above
50. After I read a list of racial/ethnic ancestry categories, please let me know ALL the categories that describe you or if there's another category that should be added to describe your background
  - a. Hispanic/Latino
  - b. White
  - c. Black/African American
  - d. Asian
  - e. Native American/Alaska Native
  - f. Pacific Islander/Native Hawaiian
  - g. Other
  - h. Don't know
  - i. Refused
51. That was the last question I have for you. Do you have any questions or anything you want to discuss with me?
  - a. [open-ended]

## F. Survey of Community-based Medications for Opioid Use Disorder (MOUD) Treatment Services

Public Health Seattle and King County needs your help! We have a Proviso report that includes a comparison of King County medically assisted treatment programs. We are asking if you can share some information about your medically assisted treatment program. The survey should take 10 minutes or less to complete. As a thank you, we plan to share back what we learned from the comparison with you. Thanks in advance for your time and assistance!

1. Could you please share an estimated or actual cost for a medically assisted treatment program per month or year?

Program cost:

Is cost per year or month?

Is it actual or estimated?

2. Does your medically assisted treatment program offer buprenorphine, methadone, or both? (check all that apply)

buprenorphine

methadone

3. What outcomes, if any, have you examined for the medically assisted treatment program? (Please check all that apply)

Retention rate of patients for the provision of medically assisted treatment services

Frequency of patients' visits for the provision of medically assisted treatment services

Results of toxicology reports or drug testing for released patients receiving medically assisted treatment

Number of visits to hospital emergency departments or for other hospitalizations for these released patients

Use by released patients of other substance use disorder services provided through King County supported programs

New arrests

New bookings into detention

Mortality information

None of the above

4. Would you please share that outcome information with us? We can keep the information confidential and not share the name of your program if that is your preference.

Yes I will share outcome information with you

No I cannot share outcome information with you

5. Please share with us what are the barriers or challenges that prevent you from sharing information with us? Doing so will help us communicate the difficulties in comparing programs.

6. Is there anything else you would like to share with us about your medically assisted treatment services? For example, anything you want to share about examining the effectiveness of those services?

7. Would you please share your name and contact information so we can share the results with you and reach out with any questions? We will keep this information confidential, and will not link results to you or your agency; results will be shared in aggregate without identifying information. Thank you in advance.

Name:

Agency:

Phone number:

Email:

Thanks so much for your time and assistance!

## G. Report Contributors

The following individuals participated in preparation and completion of this Proviso report:

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