

Medication Assisted Treatment (MAT) in Corrections: The Intersection of Public Safety and Public Health

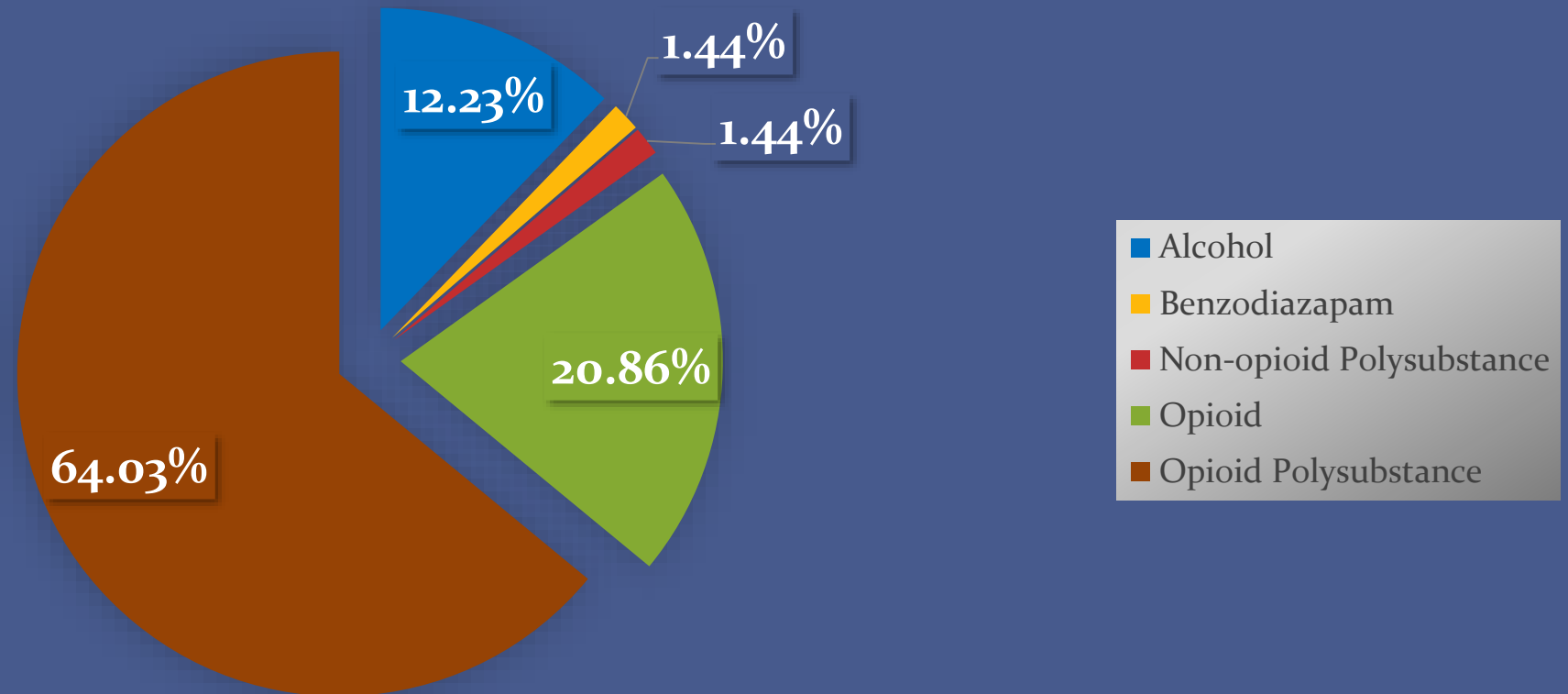
Opioid addiction has created a public health and public safety crisis: it is the cause of countless overdose deaths and is a major driver of crime.

MAT IN CORRECTIONS: TACKLING ADDICTION TO IMPROVE PUBLIC SAFETY

Utilizing our window of opportunity to address the factors that led to incarceration, including drug use

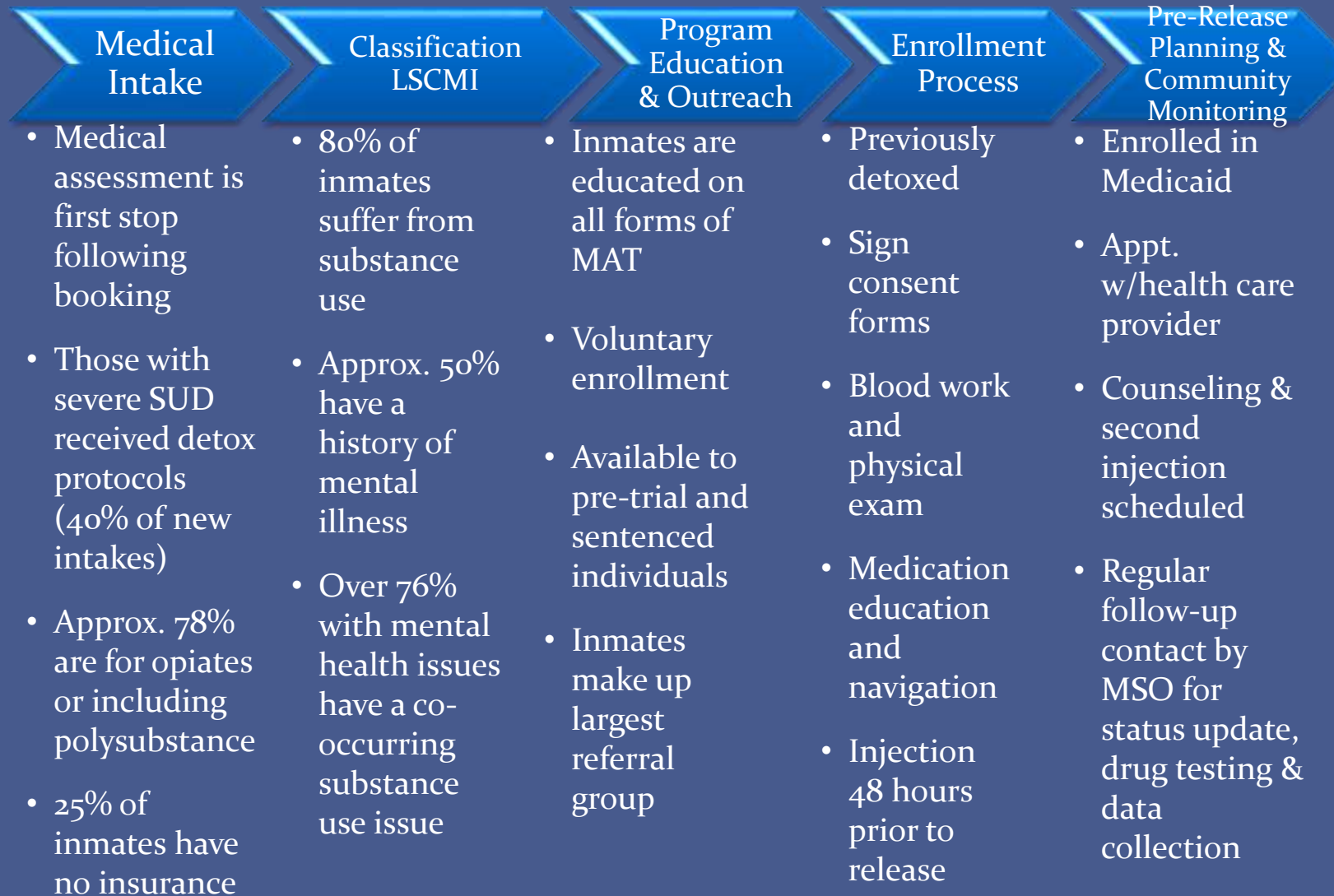
- Individuals are away from toxic living environment
- Have access to medical care 24/7
 - ✓ Health Services Unit had 130,628 contacts in 2017 (Lowell General ER had 98,546 visits in 2017)
 - ✓ We are the largest mental health facility in Middlesex County – many diagnosed with mental illness for the first time while incarcerated
- Traditional health care barriers are eliminated
 - ✓ No need for health insurance
 - ✓ Access to a primary care physician
 - ✓ No financial barriers to receiving care
 - ✓ No distractions or obstacles, such as lack of transportation or work/family obligations
- Treatment beds are available
- Medical staff specializes in substance use treatment
- Access to programs and services that address addiction

At the Middlesex Sheriff's Office Nearly 40% of all entering MSO require medical detox

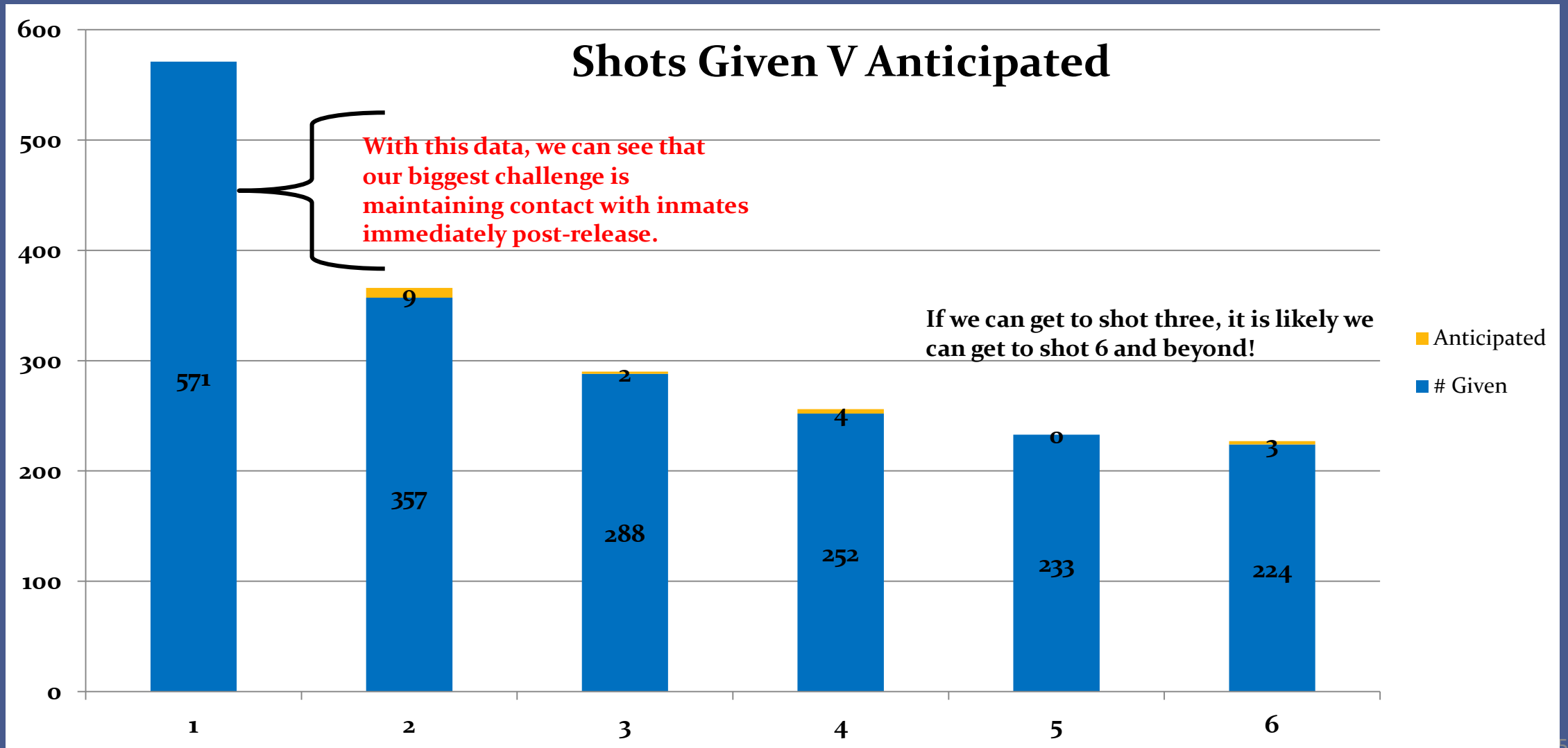


Note: July 2019 raw detox data: 139 men total, 64.03% involving Opioids

MATADOR Process: How Does It Work?



Using Data to Address Needs and Overcome Challenges

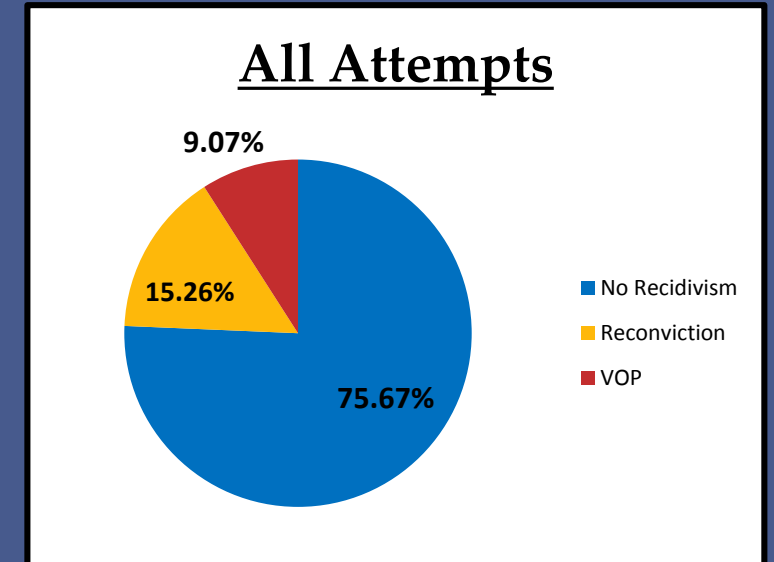
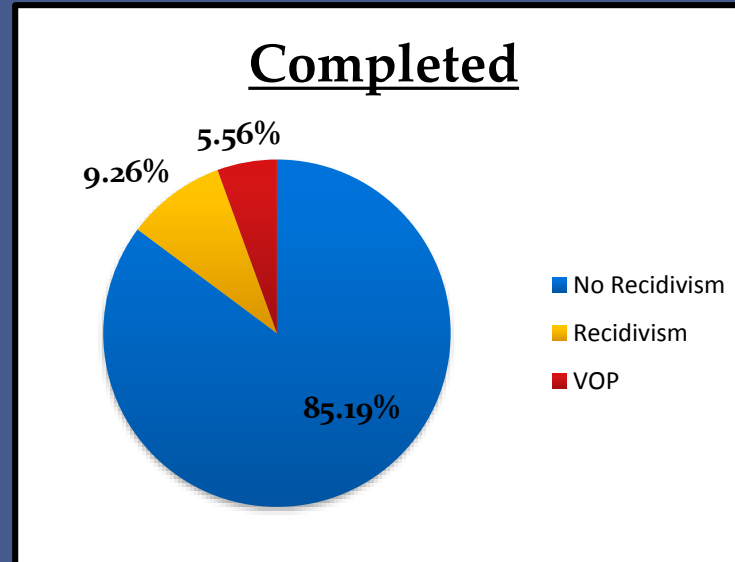
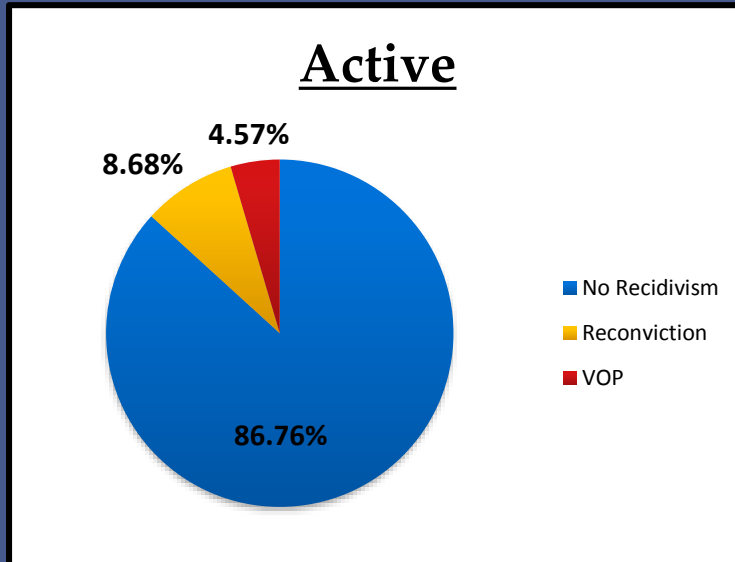


**Medication Assists
BUT
The Program is the Treatment**

Real Time Data Provides Key Insights

CRIME REDUCTION RESULTS

90% of population is high risk/very high risk for recidivism. Data from 2015-2018 showed that of the 220 program participants only 11.8% had been convicted of a new crime within one year.



HARM REDUCTION RESULTS

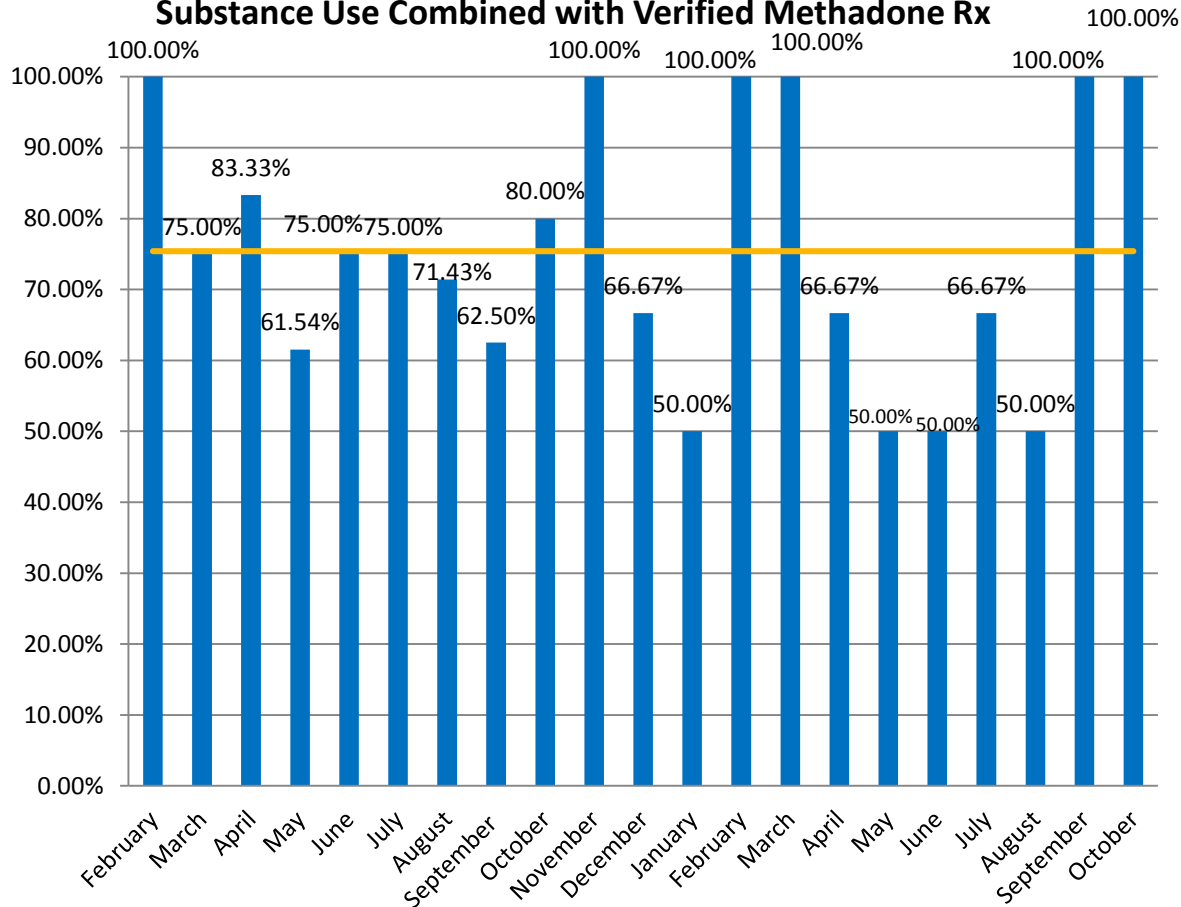
Baker Administration's Chapter 55 Report: Recently incarcerated individuals are 120 times more likely to die of a fatal overdose than others – 90% of which are in the first 30 days.

In 2017, none of the over 50 participants died of a fatal overdose within the first six months. 95% have not succumbed to a fatal overdose (confirmed by medical examiner).

Self Reported Substance Use While on a Verified MAT Prescription

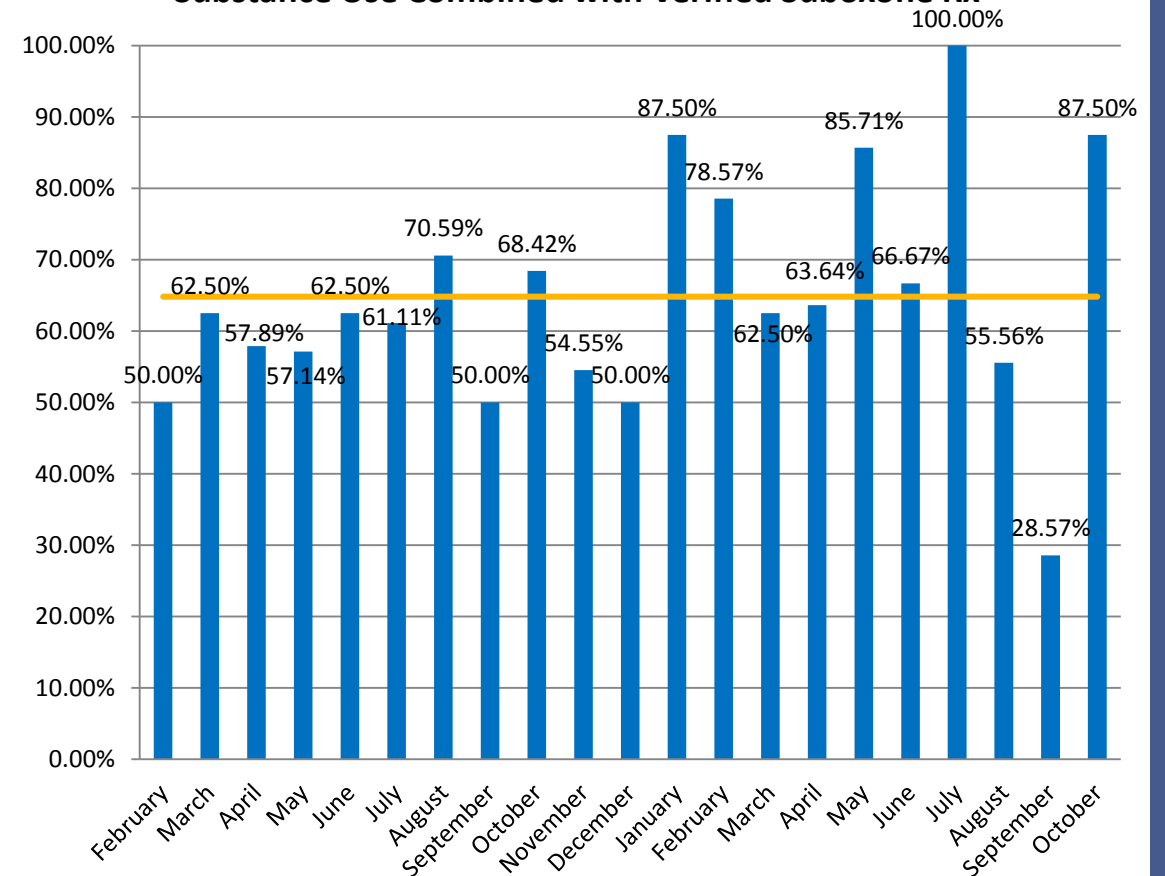
Methadone

On average, **75.42%** of new intakes self reported Illicit Substance Use Combined with Verified Methadone Rx



Suboxone

On average, **64.81%** of new intakes self reported Illicit Substance Use Combined with Verified Suboxone Rx



Data Collection Tools for Law Enforcement

Relapse or Recidivism

Using Relapse as the primary measure:

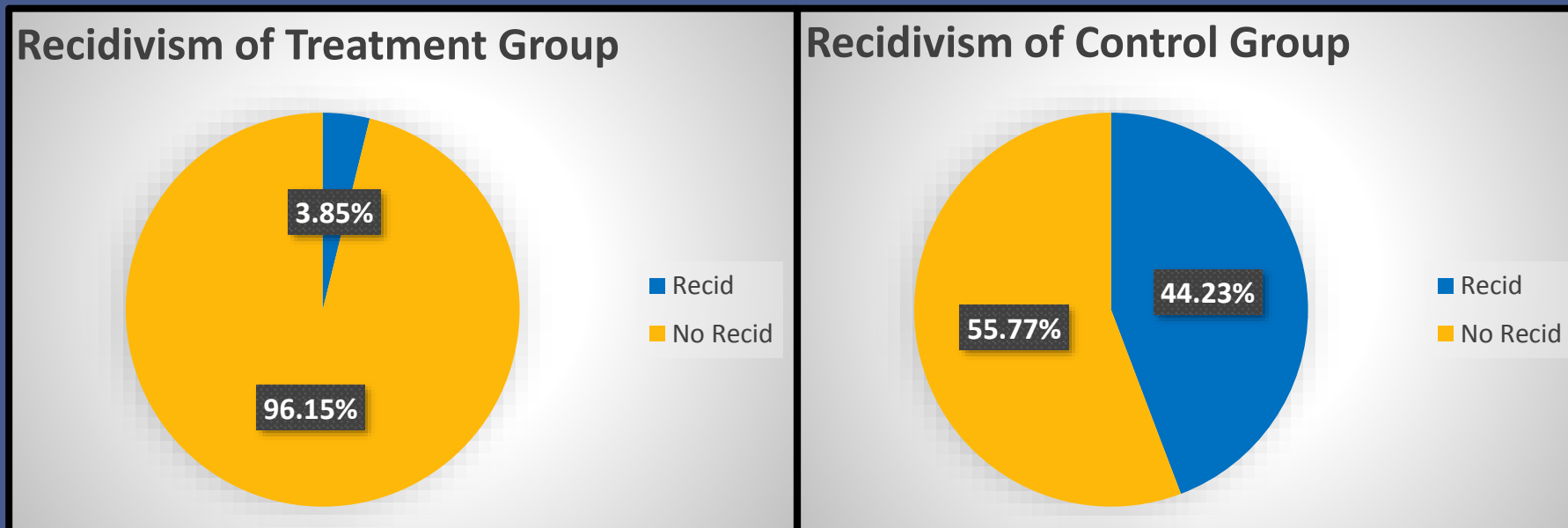
- Recovery is an evolution and relapse is part of the process
- Measuring program success should not be ambiguous
- Law enforcement using healthcare measurements is not ideal
- Reengaging with program “failures” is counter-productive to program success

Using Recidivism as the primary measure:

- A law enforcement measure for a law enforcement program
- A static, clearly-defined measure that allows compare and contrast
- Relapse is treated as an opportunity to reengage, not as a failure
- Program success is measured by lives saved AND dollars saved
 - October 2015 to today (38 months)
 - 432 individuals have enrolled in MATADOR
 - 95% of MATADOR participants - regardless of their success or failure in the program - have not succumbed to a fatal overdose post release.
- Medical Examiner verification

Medication Assisted Treatment and Directed Opioid Recovery: Program Evaluation Preliminary Results

- A comparison between recidivism rates between MATADOR Participants and a similar sample of MAT eligible non-participants shows a statistically significant (<0.01) difference.
- MATADOR Participants that completed the program had a 1- year post release recidivism rate of 3.85% vs. the comparison group (44.23%).



MAT 2.0:
Rewriting the Book on
Correctional Healthcare with
Expanded Medication Assisted
Treatment

Peter J. Koutoujian
Sheriff
Middlesex County, MA

Massachusetts MAT Pilot

Launched September 1, 2019

Medication and Program Participation

- Provide maintenance to those *on any status* with a verified MAT prescription.
 - Unless determined otherwise by a qualified addiction specialist:
- Provide induction 30 days prior to release to any *sentenced* inmate deemed medically appropriate by a qualified addiction specialist.

Treatment/Programming

- Provide behavior health counseling (as defined by section 1 of chapter 127 of the MA General Laws) consistent with standards in the community.
- Endeavor to connect all participants (both receiving maintenance and induction) to care post-release in the community they intend to reside.
- Enroll in Medicaid 30 days prior to release.
 - Suspension vs. Termination of benefits

Collect and Submit Data to DPH Every Six Months

Important information about offering Methadone

Challenge

1. Must be an Opioid Treatment Provider (OTP) to administer
 - Process is arduous/time consuming
2. Must to be administered by a physician
3. Federal guidelines regarding storage
4. Verifying prescriptions can take time
5. Community capacity to treat

Solution

1. Three options to administer:
 - Apply for an OTP license
 - Contract with an OTP vender who has a license
 - Transport to methadone clinic for daily treatment
2. Suboxone can be administered by nursing staff -- OTPs have physicians to administer methadone.
3. Retrofitted space in an area convenient to our medical unit. Substantial cost associated with construction.
4. Certified addiction specialists
- 5 (a). Invest in establishing relationships with community health providers.
- 5(b)Ensure the availability of methadone when establishing MAT plan

Early Take-Aways from Planning/ Implementation Stages

Planning Lessons Learned

Program should not rely only on grants, need a dedicated source of funding

- Vendor contracts
- Security costs
- Onboarding additional staff
- Construction to accommodate methadone

If looking to begin immediately, Suboxone is easier/quicker to implement than methadone

- Can be administered by a nurse (as opposed to a doctor)
- Fewer federal guidelines regarding administration/storage
- More widely available in the community

Collect Data

Implementation Data – Week One

Maintenance: 5 patients

Induction: 4 patients

Suboxone patients = 8

Methadone patients = 1

Pre-trial = 4

Sentenced = 5

Induction: 3 potential candidates

Assessments beginning this week

Early Reporting from Pilot Sites

Pilot Program Survey (First 10-days)	Middlesex	Mass. DOC	Franklin	Hampshire	Norfolk	Suffolk	Essex	Hampden	
	#	#	#	#	#	#	#	#	TOTAL
Induction numbers	4	1	0	1	1	0	N/A	14	21
Maintenance numbers	5	7	7	9	4	20	N/A	12	64
How many Methadone	1	3	3	2	2	5	N/A	9	25
How many Suboxone	8	5	7	7	3	15	N/A	17	62
How many denials of MAT - by patient	0	0	0	0	0	0	N/A	0	0
How many denials of MAT - by provider	0	0	2	1	0	0	N/A	0	3
How many were positive for other illicit substances	8	0	2	2	0	0	N/A	9	21
TOTAL	26	16	21	22	10	40	N/A	61	196
Any other issues to report since launch? (Anecdotal Information from the various pilot sites)	Nothing unusual to report.								
	Increase in requests for medical services.								
	A large amount of pretrial detainees requesting MAT. Poses a significant issue.								
	No diversion issues.								
	All random urines for the previous week appropriately positive for BUP.								

Questions and Discussion

Peter J. Koutoujian
Sheriff

Contact:
Shawn Jenkins,
Special Sheriff
sjenkins@sdm.state.ma.us